CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

10 MAR 17 AM 11: 52

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.
NOTE: See instructions on reverse before filing.

The assumed business name which the understandard business is:		
2. The true name(s) and business address(es) of business under the assumed business name: Name Boulder (Neek Enterprises, C/32935		Complete Address 3990 Kotena i St. Baise, ID 83705
3. The general type of business transacted under		
Retail Trade	d Put	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Bolse ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):		
		Secretary of State use only
Signature: (alignature required) Printed Name: Diava Hallard Capacity/Title: Laral Manager Dwner (see instruction # 8 on back of form)	gricorptometabn formstebn.p85 Revised 04/2003	IDAHO SECRETARY OF STATE 23/17/2010 05:00 CK: 483739 CT: 172899 BH: 12132/ 1 8 25.88 = 25.88 ASSUM NAME