

CERTIFICATE OF ASSUMED BUSINESS NAME

F ED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. CARD 15 101 3: 54

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

(see instruction # 8 on back of form)

The assumed business name which the undersigned use(s) in the transaction of business is: Where Satilities	
2. The true name(s) and <u>business</u> address(est business under the assumed business name Name They wheeler	s) of the entity or individual(s) doing me: <u>Complete Address</u> 822 \(\sigma 7 \frac{\tau}{2} \) SF \(WK_1 doing \)
Wholesale Trade ☐ Construction Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Teop Wheeler St.	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
Signature: July Wheeler Printed Name: Trop Wheeler	Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE O2/15/2005 05:00 CX: CASH CT: 154010 BH: 793363 1 6 25.86 = 25.86 ASSUM HAME # 2
3. The general type of business transacted upon the services and services and services and services. Insurance, and Real Estates and the services and address to which future correspondence should be addressed: The name and address to which future correspondence should be addressed: The name and address for this acknowledged copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): 371 - 7058 Secretary of State use only