

CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 OCT 17 AM 9: 29

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the unbusiness is: One of the content of the c	dersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name Katherise Marons	
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	nder the assumed business name is: a and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Katherine Maroin 526 S Crove Weiser ID 83672	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	
Signatura Pallaria Marana	Secretary of State use only
Signature: <u>Katherine Marvin</u> Printed Name: <u>Katherine Marvin</u> Capacity/Title: <u>Author</u> Signature: <u>Author</u>	
Printed Name:	IDAHO SECRETARY OF STATE
Canacity/Title: 80/4km	10/18/2011 95:00

abn.pmd Rev. 07/2010

10/18/2011 05:00 CK: 3919 CT: 158010 BH: 1294598 1 @ 25.00 = 25.00 ASSUM NAME # 2