

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2014 SEP -3 AM 8: 33

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

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is: **Resulting** **Noton***** **Do for** **S	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name (SAYIE SHAVE STARK (P.O. Lary Doublas Lynch (SAI) Same	entity or individual(s) doing Complete Address Box 5458 Twin Falls, ID. 83303-5458
3. The general type of business transacted under the Retail Trade Transportation and Polymer Transportation Trade Transportation Trade Transportation Trade Trade Transportation Trade Trade Trade Transportation Trade Transportation	
4. The name and address to which future correspondence should be addressed: P.D. Box 5458 Twin Falls, ID. 83303-5458	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: Layle Shar Ste	Secretary of State use only
Printed Name: 6 Ayla SKAVE SHAPK Capacity/Title: MANAGE MEMBEL	10AHO SECRETARY OF STATE 09/03/2014 05:00 CK:6221 CT:300767 BH:1439843

CK:6221 CT:300767 BH:1439843 $10\ 25.00 = 25.00$ ASSUM NAME #2

DI73521

Signature:

Printed Name:

Capacity/Title:_