

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. 09 MAY 15 PM 2: 32

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

SECRETARY OF STATE

Select Vending Services	
The true name(s) and business address(es) of business under the assumed business name:	
Name	Complete Address
David L Lew	1100 East Wright Street
Susan M Lew	Boise, ID 83706
The general type of business transacted under	
Retail Trade Transportation and Wholesale Trade Construction	d Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Select Vending Services	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
1100 East Wright Street	(208) 334-2301
Boise, ID 83706	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Socretary of State use quiy
ted Name:David L Lew	
acity/Title: Owner	Z VOOTOCTOOY OF CLOT
(see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 95/15/2009 05 1 CK: CASH CT: 156010 BH: 17