

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2014 SEP -9 AM 8: 28

SECRETARY OF STATE STATE OF IDAHO

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

The true name(s) and <u>business</u> address under the assumed busines Name	ess(es) of the entity or individual(s) doing ss name: Complete Address
NEWLIN RUSH SCOTT	334 GOLF COURSE RD
	JEROME ID 83338
Retail Trade Transpo	■
Services Agricul Manufacturing Mining Finance, Insurance, and Real I	Submit Certificate of Assumed Business
 The name and address to which futu correspondence should be addresse s s 	d: 450 North 4th Street PO Box 83720
1431 KIMBERLY RD	Boise ID 83720-0080 208 334-2301
TWIN FALLS, ID 83301 5. Name and address for this acknowle copy is (if other than # 4 above):	dgment
Signature: Maldin Fall	Secretary of State use only
Printed Name: NEWLIN SCOTT	IDAHO SECRETARY OF STATE
Capacity/Title: OWNER	09/09/2014 05:00
Signature:	CK:14339 CT:158216 BH:144051 1@ 25.00 = 25.00 ASSUM NAME
Printed Name:	
Capacity/Title:	112/111

1) 173644