

CERTIFICATE OF ASSUMED BUSINESS NAME

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

09 SEP 18 AM 8= 55

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

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|---|---|---------------|--|--|
| The assumed business name which the un business is: | dersigned | use(s) in | the transactio | n of |
| | | | | |
| Triton Restoration | | <u>,</u> | | |
| 2. The true name(s) and business address(es | s) of the en | ntity or inc | lividual(s) doin | ıa |
| business under the assumed business nam | | inty or int | | 3 |
| _ Name | | Comple | te Address | |
| Jason M. Young | 755 W. | 255 | Blackfot | ID 83221 |
| | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | | | |
| | | | | |
| | | | | |
| 3. The general type of business transacted ur | nder the as | ssumed t | usiness name | is: |
| Transportation | a and Dubl | ia I Itilitia | • | |
| Retail Trade Transportation | i and Publ | iic Othice: | • | |
| Wholesale Trade Construction | f | | | |
| ✓ Services ☐ Agriculture | | | t Certificate of | |
| Manufacturing Mining | | | ned Business | ٠ |
| Finance, Insurance, and Real Estate | | Name | and \$25.00 fee | ю. |
| 4. The name and address to which future | | | Secretary of State | |
| correspondence should be addressed: | | _ | 4th Street | |
| / * | | | x 83720 D 83720-0080 | · |
| Jason Young | | LUIGG I | D 001 20 0000 | |
| DBA Triton Restoration | | (208) 3 | 34-2301 | |
| 755 W. 255. Blackfost ID | 83221 | | | |
| • | | | | |
| Name and address for this acknowledgme CODY is (if other than # 4 above): | ent | | | |
| copy is (it outsi than #4 above). | | | | |
| | | | | |
| | | ; | Secretary of State us | e only |
| | 8 | | $(x_{i_1}, \dots, x_{i_n}) = (x_{i_n}, \dots, x_{i_n}) \in \mathbb{R}$ | • |
| a | tagpu'i | | | : |
| Signature: Sam M. Uneung (signature spired) | 2003 | | • | • |
| Printed Name: Jason M. Young | formstabn form Revised 04/2003 | * | TANIA AFONE | TABLE OF STATE |
| | g toorpfomstatin formstabrupdt Revised 04/2003 | | 09/18/20 | TARY OF STATE 199 95:00 |
| Capacity/Title: owner |) S | | CK: 2012 CT: 15 1 0 25.00 = 25 | 8616 BK: 1187614 188 Assim Nomf = 2 |
| (see instruction # 8 on back of form) | 1 | | | ireasii lähir ä le |