

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.

2015 FEB 12 AM 8: 47

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

Peacock Virtual Solutions 2. The true name(s) and <u>business</u> address	s(es) of the entity or individual(s) doing
business under the assumed business r Name	name: <u>Complete Address</u>
(W 125021)	5399 N Marina Ct. Post Falls, ID 83854
3. The general type of business transacted Retail Trade Transportation Wholesale Trade Agriculture	tion and Public Utilities on
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
 The name and address to which future correspondence should be addressed: Christopher Nelson 	Secretary of State 450 North 4th Street PO Box 83720
Tiffany Williams same as #2	Boise ID 83720-0080 - 208 334-2301
 Name and address for this acknowledgr copy is (if other than # 4 above): 	ment
	Secretary of State use only
Signature: CAN Nelson Printed Name: Christopher Nelson	
Capacity/Title: Owner	02/12/2015 05:00
Signature: J.	CK:1842 CT:296557 BH:146159: 16 25.00 = 25.00 ASSUM NAME

176708

Capacity/Title: Owner