

CERTIFICATE OF ASSUMED BUSINESS NAME

2012 AUG 20 PM 12: 12

FILED EFFECTIVE

SECRETARY OF STATE STATE OF IDAHO

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

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

The true name(s) and <u>business</u> a business under the assumed bus	iness name:		
<u>Name</u>	·	Complete Address	
WILLIAM CHACE	4121 LAKE AVE	CALDWELL 83605	
	*		
The general type of business tran	sacted under the assume	ed business name is:	
Wholesale Trade Con	As As	bmit Certificate of sumed Business	
The name and address to which to correspondence should be addressed. SELF HELP	future Se ssed: 45	ecretary of State 0 North 4th Street 0 Box 83720	
4121 LAKE AVE		ise ID 83720-0080 8 334-2301	
CALDWELL ID 83607	20	0 304-2001	
i. Name and address for this ackno copy is (if other than # 4 above):	wledgment		
nature: Win (Secretary of State use only	
ted Name: WILLIAM CHACE			
acity/Title: OWNER			
nature:			
ited Name:		IDAHO SECRETARY OF STATE 08/20/2012 05:	
pacity/Title:		CK: 1103673 CT: 172099 BH:	

1 9 25,98 = 25.88 ASSUM NAME # 2

D157596