

CERTIFICATE OF ASSUMED BUSINESS NAME

12 MAR 15 AM 9: 32

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

STATE OF IDAHO

FILED EFFECTIVE

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

Proofmark Manufacturing	
2. The true name(s) and <u>business</u> add	dress(es) of the entity or individual(s) doing
business under the assumed busin <u>Name</u>	ees name: <u>Complete Address</u>
Dean Sylvester	800 E. Citation Ct., Suite D
	Boise, ID 83716 .
	acted under the assumed business name is:
	ortation and Public Utilities ruction
Services Agricu	ilture
Manufacturing	Submit Certificate of Assumed Business
Finance, Insurance, and Real	Estate Name and \$25.00 fee to:
. The name and address to which fut	
correspondence should be address	ed: 450 North 4th Street PO Box 83720
Dean Sylvester 800 E. Citation Ct.,.Suite D	Boise ID 63720-0080
Boise, ID 83716	208 334-2301
. Name and address for this acknowle	edgment
CODY is (Follow than # 4 above):	
	
	Reprotory of State use unity
ature: Under the desired	
ed Name: Dean Sylveste	<u> </u>
acity/Title: Owner	

IDAHO SECRETARY OF STATE

03/15/2012 05:00

CX: 7739 CT: 111885 BH: 1315222
1 0 25.08 = 25.08 ASSUM NAME # 2

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