

Capacity/Title:

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.

2016 MAY -4 AM 11: 59

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

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the under business is:	ersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Name WINGONE LLC WI46691	
3. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: KNA MACONE LLC PO-BOX 1024 £AGLE ID 83616	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE
Printed Name: KARCINACORE	05/04/2016 05:00
Capacity/Title:_ <i>MANAGER</i>	CK:3829958 CT:172099 BH:15268 1@ 25.00 = 25.00 ASSUM NAME
Signature:	
Printed Name:	1) 186331