FILED EFFECTIVE

2014 JAN 15 AM-10: 42



CERTIFICATE OF ASSUMED BUSINESS NAME

SECRETARY OF STATE STATE OF IDAHO

	submits for filing a certificate of Assumed E	
	Please type or print legibly. Instructions are included on back of app	olication.
bus	e assumed business name which the un siness is: I Marketing	dersigned use(s) in the transaction of
2. The bus	e true name(s) and <u>business</u> address(es siness under the assumed business nan <u>Name</u>	s) of the entity or individual(s) doing ne: <u>Complete Address</u>
Da	erwin L Arnold	771 Grace Ave. Idaho falls, ID 83402
Me	elanie D Arnold	771 Grace Ave. Idaho falls, ID 83402
3. The		Submit Certificate of
cor Dar	respondence should be addressed: win Arnold Grace Ave. Idaho falls, ID 83402	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
	me and address for this acknowledgmen by is (If other than #4 above):	nt
	ame: Darwin L Amold Title: Owner	Secretary of State use only
` •		
_	·	TRAILS OPENETABLE OF ATATE
rinted Na	omen:	IDAHO SECRETARY OF STATE

Printed Name:

Capacity/Title:

9/21/2012

01/15/2014 05:00 CK: 1671661 CT: 172899 BH: 1406889 1 0 25.00 = 25.00 ASSUM MANE # 2

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