CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 1015FEB 28 AM 9: 47

FILED EFFECTIVE

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

The assumed business name which the business is:	undersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address business under the assumed business name Name John Tyler Capobres	Complete Address 255 S. Blackspur Way
EX Rolaii Hado	tion and Public Utilities
 Wholesale Trade	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: 2858 S. Blackspur War Meridian, ID 88642	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than #4 above).	ment
Size Color	Secretary of State use only
Signature: John Juler Capobres Capacity/Title: Owner	S IDAHO SECRETARY OF STATE 02/23/2015 05:00

IDAHO SECRETARY OF STATE 02/23/2015 05:00 CK: 619 CT: 158010 BH: 1463064 16 25.00 = 25.00 ASSUM NAME #2

1)176945

Capacity/Title:____

Signature:

Printed Name: