

Capacity/Title: <u>OWNと</u>

Printed Name: 1000

Capacity/Title: OWY

Signature: N

CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 DEC 22 AM 8:50

SECRETARY OF STATE STATE OF IDAHO

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

. The true name(s) and <u>business</u> ac business under the assumed busi <u>Name</u>	, <i>,</i>	e entity or individual(s) doing <u>Complete Address</u>	
NickDelavan	<u> </u>	30x393, Cocolalla, ID	838
Armee Delavan	Po 1	BOX 393 COCOLANG IT	83
		· · · · · · · · · · · · · · · · · · ·	
. The general type of business trans	sacted under th	ne assumed business name is:	
 *	sportation and		
— • • • • • • • • • • • • • • • • • • •	struction		
	culture		
☐ Manufacturing ☐ Mini		Submit Certificate of	
Finance, Insurance, and Re	•	Assumed Business	
— Finance, insulance, and Re	ai Esial e	Name and \$25.00 fee to:	
. The name and address to which for		Secretary of State	
correspondence should be address	sed:	450 North 4th Street	
Same		PO Box 83720	•
		Boise ID 83720-0080 208 334-2301	
	•	200 334-2301	
. Name and address for this acknow	vledament		
COPY IS (if other than # 4 above):	ago		
		•	
	 .		

IDAHO SECRETARY OF STATE 12/22/2011 95:96 CK: 5899 CT: 259953 BH: 1382881 1 @ 25.00 = 25.00 ASSUM MAME # 2

D152092