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.

2015 JUN 29 AM ID: 25

R 1.	Please type or print legibly. Instructions are included on back of application Mondays Mobile Metary The assumed business name which the undersign business is:	SULVICIONATA E OF IDAHO"
2.	The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Name Nouce Form of the business name:	entity or individual(s) doing Complete Address 8/2 E C/Ark St. POCATE//O, IC/ARD 8320
3.	The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4.	The name and address to which future correspondence should be addressed: to ye e Hopkins-Monday 812 E Clark Focatello, Idalo 83201	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
Printe	ed Name: <u>Joyce Hopkins Monday</u> ed Name: <u>Joyce Hopkins Monday</u> ecity/Title: <u>OWNEF</u>	IDAHO SECRETARY OF STATE 06/29/2015 05:00 CK:2138 CT:158010 BH:1481721 16 25:00 = 25:00 ASSUM NAME #

1)179980

Signature:

Printed Name: ___ _ _ _

Capacity/Title:___