

Capacity/Title:\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

Instructions are included on back of application.

## ness Name.

## FILED EFFECTIVE

2014 JAN 21 AM 11: 57

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the urbusiness is:  LINEAR SYSTEMS	
2. The true name(s) and <u>business</u> address(establishess under the assumed business name  Name  Little L. BABER	s) of the entity or individual(s) doing me: <u>Complete Address</u> 24741 Middleton Road  Middleton, ID 83644
3. The general type of business transacted u  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  Willie L. BABER  24741 Middleton Rd  Middleton, 1D 83644	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt
	Secretary of State use only
Signature: Willie J. Baber	Ollamou
Printed Name: Willie L. BABEK  Capacity/Title: OWNER	1-146
Signature:	IDAHO SECRETARY OF STATE 01/21/2014 05:00
Printed Name:	CK: CASH CT: 158819 BH: 1486829 1 0 25.00 = 25.00 ASSUM NAME # 2