



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2014 FEB 18 AM 9:51

SECRETARY OF STATE
STATE OF IDAHO

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

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Ink Gasket

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Tobie Marie LaRoy

1815 Grelle Ave. Lewiston, Idaho, 83501

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Ink Gasket

1815 Grelle Ave.

Lewiston, Idaho 83501

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: _____

Printed Name: Tobie M. LaRoy

Capacity/Title: Owner

Signature: *Tobie LaRoy*

Printed Name: Tobie LaRoy

Capacity/Title: Owner

Secretary of State use only

IDAHO SECRETARY OF STATE
02/19/2014 05:00
CX: 2009 CT: 150010 BH: 1411076
1 @ 25.00 = 25.00 ASSUM NAME # 2

D168980