

Signature:

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

**FILED EFFECTIVE** 

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

2016 MAY -4 AM 10: 55

SECRETARY OF STATE

1.		tame which the undersign	, ,	n the transa	action of busines	s is: 
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):					
	Robert Truax	7598 N. Rooney Ave	3 Boise	Idaho	83714	
	(Name)	(Address)		<u> </u>		
	(Maine)	(Address)				
	(Name)	(Address)		<u></u>		
	(Nanse)	(Address)				
3.	The general type of business transacted under the assumed business name is:					
	Retail Trade	Construction		Transportat	ion and Public U	Itilities
		Agriculture		Mining		
	Services	Manufacturing		rinance, ins	surance, and Re	ai Estate
4.	Mailing address for future	correspondence:		and address (if other than # 4	s for this acknow	/ledgment
	Rob Truax					
	(Name) 7598 N. Rooney Ave					
	(Address)		(Address)			
	Boise Idaho 83714					
	(City)	(State) (Zipcode)	(City)		(Slate)	(Zipcode)
Pri	inted Name: Riber	TRuax	Secretary of State use only			
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Rev. 08/2015