

Printed Name: Capacity/Title:

Signature: _

Printed Name: __ Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2013 AUG 23 PM 12: 37

SECRETARY OF STATE STATE OF IDAHO

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. 1. The assumed business name which the undersigned use(s) in the transaction of business is: amily Calendar 10 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address en's Journal UC 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction **Agriculture** Services Submit Certificate of Manufacturing **Mining** Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 Baalo. 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only Signatufe:

IDAHO SECRETARY OF STATE

18/23/2013 05:00

CK: 1084 CT: 286757 BH: 1387278

1 8 25.00 = 25.00 ASSUM NAME II 3

D165329

abn.pmd Rev. 07/2010