O O

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

Signature:

2015 AUG 19 AM 8: 36

				SECRETARY	OFSTA	TF
1.	The assumed business nam	e which the undersigne	d use(s) in the t	ransaction ATEO	TEARO	5(•
	TREASURE VALLEY A	LARM				
_	The individual and/or entity i	names and husiness ad	dress(es) of the	se doing busines	s unde	r
2.	the assumed business nam	ie (do <u>not</u> include the name	you listed in #1):			
	MAGIC VALLEY ALARM, LLC	2858 SUNRAY LC	OP	TWIN FALLS		83301
	(Name)	(Address)		City)	(State)	(Zipcode)
	W/552+2	(Andress)		.City)	(State)	(Ž-pcade)
	(Name)	(Chan early				
	(Name)	(Address)		ਹੈity)	(State)	(Z podde)
		(Address of		City	(State)	(Z prode)
	,Name)	(Address)		,		
		ttod under the	assumed husin	ess name is:		
3.	•		Trans	sportation and Pu	ıblic Uti	lities
	Retail Trade	ConstructionAgriculture	☐ Mini			milos
	☐ Wholesale Trade☒ Services	Manufacturing		nce, Insurance, a	nd Rea	l Estate
	☑ Get vices					
			5 Name and	address for this a	cknowl	edgment
4.	Mailing address for future of	correspondence.	copy is (if of			J
N	1AGIC VALLEY ALARM,	LLC				_
- 5	ame)		(Name)			
_	858 SUNRAY LOOP		(Address)			
	TWIN FALLS	ID 83301			(ate)	(Z poode)
- (((State) (Z-pcode)	(Oty)	(3)	are:	(z poode)
F	rinted Name: BRIAN JOHI	NSON SCOTT		Secretary of State use	e omy	
9	Signature:			IDAHO SECRETARY OF STATE		
			£. €.	08/19/2015 25133 CT:1992:		
ł	Printed Name:		10 2	5.00 = 25.00	ASSUM	NAME #2
	Signature:					
F	Printed Name:			h.~ . a ~	/	

Rev. 06/2015