

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2015 NOV 20 AM 8: 45

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

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name William Sailey F	• • • • • • • • • • • • • • • • • • • •
3. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is: nd Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: WILLAM Smiley Po. Box # 35 To by 10 9th 83 97(Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above): William Julier 1.0. Box # 39 Troy 10 Mbs & 3271	Secretary of State use only
Signature: MILIAN SMILE Capacity/Title: OWNER / OWNER	IDAHO SECRETARY OF STATE 11/20/2015 05:00 CK:2584 CT:158010 BH:1501256 10 25:00 = 25:00 ASSUM NAME #2
Signature: Printed Name:	D182801