

Capacity/Title:

## **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

2012 APR 24 PH 2: 08

SECRETARY OF STATE STATE OF TOAHO

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

business is:	ne undersigned use(s) in the transaction of
Тор	Consumer Secrets
The true name(s) and <u>business</u> address business under the assumed business Name  RALE Enterprises LLC  (1.3) 11.27(2.)	
(WIII 873)	
☐ Retail Trade       ☐ Transpor         ☐ Wholesale Trade       ☐ Construction         ☑ Services       ☐ Agriculture         ☐ Manufacturing       ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real E.  4. The name and address to which future correspondence should be addressed Jon Clapp  51 N Broadway # 222 Blackfoot, Idaho 83221	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
5. Name and address for this acknowled copy is (if other than #4 above):	igment
	Secretary of State use only
Signature:	
Printed Name: Jon Clapp	
Capacity/Title: Owner	
Signature:	
Printed Name:	IDAHO SECRETARY OF STATE 64/24/2012 05:00
Panacity/(Title:	CK: 972992 CT: 172099 BH: 1321224 1 0 25.00 = 25.00 ASSUM MANE N

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