

Signature:\_\_\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

## FILED EFFECTIVE

2018 MAR 22 AM 9:51

SECRETARY OF STATE STATE OF IDAHO

	STATE OF IDAHO
1. The assumed business name which the	undersigned use(s) in the transaction of business is:
2. The individual and/or entity names and the assumed business name (do not included in the assumed business name) (Address)	business address(es) of those doing business under ude the name you listed in #1):
(Name) (Address)	
(Name) (Address)	
(Name) (Address)	
Wholesale Trade Agric	I under the assumed business name is:  struction
4. Mailing address for future correspondent  ON AR GARCIA  (Name)  SIB NESCALADE PL  (Address)  NAMPA ID 83  (City)  (State)	Ce: 5. Name and address for this acknowledgment copy is (if other than # 4):  (Name)  (Address)  (City) (State) (Zipcode)
Printed Name: OMAR GARCI	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	03/22/2018 05:00
Signature:	CK:CASH CT:158010 BH:1633771 1@ 25.00 = 25.00 ASSUM NAME #2
Printed Name:	D201355

Rev. 08/2015