

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Filing fee: \$25.00.

2015 AUG 20 AM 8: 43

The assumed business Rock Creek Words	s name which the undersi	gned use(s) in	SECRETAL the transaction Addition	RY OF ST DETIDATE	ATE	
The individual and/or e the assumed business	ntity names and business name (do not include the na	' '	•	ess unde	er	
David Koffer	1511 9th Avenu	•	Twin Falls	ΙD	83301	
(Name)	(Address)		(City)	(State)	(Zipcode)	
(Name)	(Address)		(City)	(State)	(Zipcode)	
(Name)	(Address)		(City)	(State)	(Zipcode)	
(Name)	(Address)	 	(City)	(State)	(Zipcode)	
Services 4. Mailing address for future.	Manufacturin ure correspondence:	5. Name a	inance, Insurance, and address for this a			
David Koffer (Name)		(Name)				
1511 9th Avenue East						
(Address) Twin Falls	ID 83301	(Address)				
(City)	(State) (Zipcode)	(City)	(Si	ate)	(Zipcode)	
Printed Name: David M KAFE			Secretary of State use only			
Signature: Laun M		IDAHO SECRETARY OF STATE				
Printed Name:		08/20/2015 05:00 CK:1039 CT:313687 BH:1488961 16 25.00 = 25.00 ASSUM NAME #2				
Signature:			—— man bet u bet bet fin			
Printed Name:			D 1809	37		

Rev. 06/2015