

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Filing fee: \$25.00.

2017 DEC 14 AM 9: 13

	· ·	ALL STATES
1. 7	The assumed business name which the undersigne	ed use(s) in the Attansaction of business is:
	Re-Energize Man	Keting
•		
	The individual and/or entity names and business ac	
•	the assumed business name (do <u>not</u> include the name	
	Maxwell Lyons POBOX 598	Hayden, ID 83835
	(Name) (Address)	·
	(Name) (Address)	
2 7	The government type of hyprinose transported under the	annumed by singer paper is:
3. 7	The general type of business transacted under the	
	Retail Trade Construction	Transportation and Public Utilities
	Wholesale Trade ☐ Agriculture ✓ Services ☐ Manufacturing	☐ Mining
1	Services Wandactumg	Finance, Insurance, and Real Estate
4 1		E. Name and address for this palmandadement
4. r	Mailing address for future correspondence:	5. Name and address for this acknowledgment copy is (if other than #4):
	Maxwell Lyons	
((Name)	(Name)
-	PO BOX 598 (Address)	(Address)
,	Hauden ID 83835	(Address)
Ī	(City) (State) (Zipcode)	(City) (State) (Zipcode)
	f a	
Printed Name: MOXWELL LYONS		Secretary of State use only
Signature: Mus Total		IDAHO SECRETARY OF STATE
,		12/14/2017 05:00 CK:5630 CT:349706 BH:1616285
Printed Name:		1@ 25.00 = 25.00 ASSUM NAME #2
Sigr	nature:	
Printed Name:		D 108942

Rev. 08/2015