

Printed Name: _____

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

2015 APR 27 AM 10: 15

SECRETARY OF STATE STATE OF IDAHO

D178596

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

| 2. | The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address | |
|----|---|---|
| | Virginia L. Smith | 230 N. 2nd East, Mountain Home, ID 83647 |
| | The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction | |
| | Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| 4. | The name and address to which future correspondence should be addressed: Virginia L. Smith 120 N 11th East Mountain Home, ID 83647 | Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. | Name and address for this acknowledgmer copy is (if other than # 4 above): | nt . |
| | | |
| | | Secretary of State use only |
| - | ed Name: Virginia L. Smith | Secretary of State use only 10AMO SECRETARY OF STATE 04/28/2015 05:00 |