

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-604, Idaho Code, the undersigned
submits for filing a certificate of Assumed Business Name.

2013 APR 25 PM 4:02

SECRETARY OF STATE
STATE OF IDAHO

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

1. The assumed business name which the undersigned use(s) in the transaction of business is:

DAMERON & SNARR

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

NameComplete Address

SNARR, PLLC

3977 North 35th West, Idaho Falls, Idaho 83402

W124667

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

SNARR, PLLC

3977 North 35th West

Idaho Falls, Idaho 83402

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Corporate Services

1331 N. Dixie Downs Road, Unit 29

St. George, UT 84770

Secretary of State use only

Signature: Bryan Snarr, CPAPrinted Name: BRYAN SNARR, CPACapacity/Title: MANAGER/OWNER

Signature: _____

Printed Name: _____

Capacity/Title: _____

W212017

Idaho.gov Rev. 07/2010

IDAHO SECRETARY OF STATE
04/26/2013 05:00
CK: 1375343 CT: 172099 BH: 1371219
1 @ 25.00 = 25.00 ASSUM NAME # 7

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