SPCS

Printed Name: _ Capacity/Title: _



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2015 SEP 18 AM 11: 20

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

SECRETARY OF STATE STATE OF IDAHO

		3 1,
	the assumed business name which the under usiness is: FTOP ASSOCIATE	rsigned use(s) in the transaction of
	the true name(s) and <u>business</u> address(es) of usiness under the assumed business name: Name ANTONY NAPIED /	, ,
3. T	he general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is: nd Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
	he name and address to which future orrespondence should be addressed:	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
	lame and address for this acknowledgment opy is (if other than # 4 above):	
	Name: AND WOUY NAMED ty/Title: OWNEY	Secretary of State use only IDAHO SECRETARY OF STATE 09/18/2015 05:00 CK:33216534 CT:172099 BH:149288 16 25.00 = 25.00 ASSUM NAME #2

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