

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 JAN -7 AM 11: 37

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

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the under business is: Absolute Properties	rsigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Abolite Athit Inc (174403)	` ' -
3. The 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:
4. The name and address to which future correspondence should be addressed: Absolute Asphath 10, Box 140555 Gardin City 83714	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
Signature: Printed Name: Mc//y // Lakefor Capacity/Title: President	IDAHO SECRETARY OF STATE 01/07/2015 05:00 CK:CASH CT:304880 BH:1455967 16 25.00 = 25.00 ASSUM NAME #2
Signature: Printed Name:	

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