

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE
2018 JUL 25 AM 10: 28
SECRETARY OF STATE
STATE OF

, , , , , , , , , , , , , , , , , , ,	STATE OF STATE
1. The assumed business name which the	undersigned use(s) in the transaction of business is:
Idaho Restoration	
the assumed husiness name (do not incl	business address(es) of those doing business under ude the name you listed in #1):  ain 1065 S. New Summer Aver
(Name) (Address)	<del></del>
(Name) (Address)	
(Name) (Address)	
3. The general type of business transacted	d under the assumed business name is:
Wholesale Trade Agric	struction  Transportation and Public Utilities culture  Mining  Ufacturing  Finance, Insurance, and Real Estate
4. Mailing address for future corresponder	CODV IS (if other than # 4)
Keith M. Williams (Name)  1065 S. New Summer Ave (Address)	
(Name)	(Name)
(Address)	(Address)
(Address) Luna ID 8	3634
(City) (State) (Z	ipcode) (City) (State) (Zipcode)
Printed Name: Keith M. Williams	Secretary of State use only
Signature:	
	IDAHO SECRETARY OF STATE
Printed Name:	07/25/2018 05:00 CK:19719702 CT:172099 BH:1655259
Signature:	
Printed Name:	
Signature:	

Rev. 08/2015