

CERTIFICATE OF ASSUMED BUSINESS NAME

2012 JUN 12 PM 3:47

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

SECRETARY OF STATE STATE OF IDAHO

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

	PROzRus
The true name(s) and <u>business</u> add business under the assumed business <u>Name</u> Dale Murr	lress(es) of the entity or individual(s) doing ess name: Complete Address 112 Spokane Street Post Falls, ID 83854
Retail Trade Transp	
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real	Assumed Business
The name and address to which fut correspondence should be address. Date Murr	450 North 4th Street PO Box 83720
109 E. 1st Ave Post Falls, ID 83854	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowle copy is (if other than # 4 above):	edgment
nature: JALEHOURK	Secretary of State use only
nted Name; Dale Murr	
pacity/Title: Owner	
nature:	
inted Name:	IDAHO SECRETARY OF STATE

abri prind Ray 07/2010