

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 11 NOV -2 AM 10: 34

STATE OF IDAHO

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

 The assumed business name which the obusiness is: 	undersigned use(s) in the transaction of
The H	andyman Can
The true name(s) and <u>business</u> address(business under the assumed business name <u>Name</u> craig beams	
3. The general type of business transacted Retail Trade Transportation Wholesale Trade Agriculture	ion and Public Utilities n
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: craig beams 1620 n. kastle falls meridian, id 83646	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above).	nent
Signature:	Secretary of State use only
Printed Name: craig a. beams	_
Capacity/Title: owner	_
Signature: Printed Name:	IDAHO SECRETARY OF STATE 11/02/2011 05:00 CK: 823121 CT: 172099 BH: 1296620 CK: 823.00 = 25.00 ASSUM NAME # 2
Capacity/Title:	- 11
abn.pmd Rev	D151116