

Capacity/Title:

9/21/2012

OWNER

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE
2014 JAN -2 AM II: 26

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

SECRETARY OF STATE STATE OF IDAHO

) 167861

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

	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:	
	Name O. I. O. A.	Complete Address
	MAN W. KICHATAS 2200	O TENDAUIS Red. Parma Il Pac
	Dan W. Richards 2200 2004 5055 111510	LI. KIPLING WAY, NAMA B36SI
3.	The general type of business transacted under the a Retail Trade Transportation and Pub Wholesale Trade Construction	
	Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4 .	The name and address to which future correspondence should be addressed: 11151 W. KIPLING WAY, MAMPA, 4. 8365/	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
	tody Ross	206 334-2301
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	· · · · · · · · · · · · · · · · · · ·
		Secretary of State use only

abr.pmd Rev. 07/2010