

Printed Name: Ira Olsen Capacity/Title: Spouse

CERTIFICATE OF ASSUMED BUSINESS NAME

2015 APR 22 AM 8: 31

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.

 The true name(s) and <u>business</u> addre business under the assumed business <u>Name</u> Brandi Olsen 	s name:
	OI-I- A-I-I
Brandi Olsen	Complete Address
DIGINI OISCII	1231 Sunset Lane, Kimberly, Idaho, 83341
Ira Olsen	1231 Sunset Lane, Kimberly, Idaho, 83341
	Submit Certificate of Assumed Business
I. The name and address to which future correspondence should be addressed Brandi Olsen 1231 Sunset Lane, Kimberly, Idaho, 83341	e Secretary of State
5. Name and address for this acknowled copy is (if other than # 4 above):	Igment
	Secretary of State use only
nature: <u>Buandi Oben</u>	IDAHO SECRETARY OF STATE
ited Name: Brandi Olsen	04/22/2015 05:00 CK:132 CT:158010 BH:1472

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