

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2014 SEP -2 PM 1:47 SECRETARY OF STATE STATE OF IDAHO

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

1. The assumed business name which the undersign business is:	ned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Greg Son de Sona	e entity or individual(s) doing Complete Address Complete Addres
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Goston City 83714	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Soorton of State use only
Signature:	Secretary of State use only IDAHO SECRETARY OF STATE 09/02/2014 05:00 CK:CASH CT:158010 HH:1439639 16 25.00 = 25.00 ASSUM NAME #2
Printed Name:	T 10211917

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