9/21/2012



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2015 FEB 10 AM 8: 19

SECRETARY OF STATE

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

2.	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:	
	Name Michael A. Everett	Complete Address 1164 N Syringa St. Post Falls, ID 83854
3.	☐ Wholesale Trade ☐ Construction	nder the assumed business name is: and Public Utilities
	Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4.	The name and address to which future correspondence should be addressed: Michael A. Everett	Secretary of State 450 North 4th Street PO Box 83720
	1164 N Syringa St. Post Falls, ID 83854	Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	
•	7111	Secretary of State use only
rinte	ed Name: Michael A. Everett city/Title: Owner	IDAHO SECRETARY OF STATE 02/10/2015 05:00
igna	ture: Julian	CK:3114 CT:306281 BH:1461227 16 25.00 = 25.00 ASSUM NAME #
	ed Name:city/Title:	D176665