

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

10 APR 13 PM 1:52

SECRETARY OF STATE STATE OF IDAHO

D138442

1. The assumed business name which the undersigne	d use(s) in the transaction of	
business is: Split Rail Winer		
Spilt Kail Winer	Υ	
2. The true name(s) and business address(es) of the	entity or individual(s) doing	
business under the assumed business name: Name	Complete Address	
	E Millet Dr Boke, 7	M 8271
Jed Glavin 5923	Emille Dr Dus, 4	יו כט טי
3. The general type of business transacted under the	assumed business name is:	
Retail Trade Transportation and Pu	blic Utilities	
Wholesale Trade Construction		*
Services Agriculture		
	Submit Certificate of	
Manufacturing	Assumed Business Name and \$25.00 fee to:	
☐ Finance, Insurance, and Real Estate	I vaille allu \$20.00 lee to.	
4. The name and address to which future	Idaho Secretary of State	
correspondence should be addressed:	450 N 4th Street PO Box 83720	
tal fal.	Boise ID 83720-0080	
Jea alarin		
8925 EMillet Dr	(208) 334-2301	
Bo15e, FD 83716		. ,
		j
5. Name and address for this acknowledgment		-='
COPY is (if other than # 4 above):	·	y - 1 - 4
	,	
	Secretary of State use only	· ,
		5 1 2
Signature:		
(signature required)		
Printed Name: Calavin	IDANO SECRETARY O	F STATE 05 : 00
Signature: Printed Name: Capacity/Title: Owner Old Old Old Old Old Old Old Ol	CX: 1966 CT: 158910	BH1 1217481 SSIM NAME # 2
(see instruction # 8 on back of form)	7 E CO190 - F0100 H	