

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.

2015 FEB -2 PM 12: 25 SECRETARY OF STATE STATE OF IDAHO

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

The assumed business name which the to business is: Break Out Bail Bonds	undersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(business under the assumed business name Name Bail Out Bail Bonds LLC (W144337)	· · · · · · · · · · · · · · · · · · ·
3. The general type of business transacted Retail Trade Transportati Wholesale Trade Services Manufacturing Mining Finance, Insurance, and Real Esta	on and Public Utilities n Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Bail Out Bail Bonds LLC 3709 N woody Dr Boise ID, 83703	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	ent
A - 16	Secretary of State use only
Signature: 4000000 Musical Printed Name: 1095109 HatseR Capacity/Title: 000000000000000000000000000000000000	IDAHO SECRETARY OF STATE 02/03/2015 05:00 CK:1028 CT:303218 BH:1459970 16 25.00 = 25.00 ASSUM NAME #2
Printed Name	

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