27		
CERTIFICA ASSUMED BUS Pursuant to Section 53-504, Id submits for filing a certificate o	SINESS NAME	OZ JUN-4 PM 1:29
Please type or prin NOTE: See instructions on re	<u>t leaibly,</u>	STATE OF IDAHO
 The assumed business name who business is: 	ich the undersigned use	
Material Concepts	L	
2. The true name(s) and <u>business</u> a business under the assumed business <u>Name</u> <u>Bryan Herrera</u> <u>Kristina Herrera</u>	ness name: <u>Cor</u> <u>1829 Rand</u>	nplete Address St. Boise, ID 83709 St. Boise, ID 83709
	nsacted under the assum reportation and Public Uti Instruction	
Services Agr Manufacturing Min Finance, Insurance, and Re	ing As	ubmit Certificate of sumed Business ame and \$20.00 fee to:
4. The name and address to which the correspondence should be address address and the state of t	ssed: 70 Ba PC Bo	ocretary of State 0 West Jefferson sement West 0 Box 83720 ise ID 83720-0080 8 334-2301

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