CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 MAY 31 AM 9: 46

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

SECRETARY OF STATE STATE OF IDAHO

The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
	Boise, ID 83705-0063
Wholesale Trade Construction	ion and Public Utilities on
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: 13 Beads Po Pox 50063 Research 83305- (206	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	nent
-01	Secretary of State use only
gnature Wows	_
nted Name: Jessica Jaskowski	_
pacity/Title: Owner/Sole Proprietor	_
nature:	IDAHO SECRETARY OF STATE
inted Name:apacity/Title:apacity/Title:apacity/Title:apacity/Title:	

abn.pmd Rev. 07/2010

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