

CERTIFICATE OF ASSUMED BUSINESS NAME

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

7	FILED EFFECTIVE
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bu	NAME scanning State Amount
Instructions are included on back of appl	lication.
1. The assumed business name which the und business is:	
The true name(s) and <u>business</u> address(es) business under the assumed business nam Name	e: <u>Complete Address</u>
Nailon Browssard	1819 S. CAMAS ST, Nampa, ID 83686
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Mirland Browssaph 1819 S CAMMS	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	it
Signature: Marlow J. Browsa-d	Secretary of State use only
Capacity/Title:	IDAHO SECRETARY OF STATE 01/11/2013 05:00
Printed Name:	CK: CASH CT: 158010 BH: 1355415 1 0 25.00 = 25.00 ASSUM NAME # 2

Printed Name: Capacity/Title: