

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 NOV 13 AH 10: 39

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

3. The general type of business transacted under the assumed business name is: Retail Trade	2. The true name(s) and business address business under the assumed business in Name	arne: Con	r individual(s) doing nplete Address TRIVUM Place
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Po Box 40644	Retail Trade Transporta Wholesale Trade Construct Services Agricultur Manufacturing Mining	tion and Public Uti on Si	lities ubmit Certificate of ssumed Business
copy is (if other than # 4 above): Sque As # 4	4. The name and address to which future correspondence should be addressed: PO Box 140644	Ida 450 PC Bo	tho Secretary of State 0 N 4th Street 0 Box 83720 ise ID 83720-0080
nature:	COPY is (if other than # 4 above):		Secretary of State use only

IDAHO SECRETARY OF STATE
11/13/2008 05:00
CK: 4441 CT: 176591 BH: 1144301
1 0 25.00 = 25.00 ASSUM NAME 1 2

