

Capacity/Title:

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

## FILED EFFECTIVE

2016 MAR 31 AM 11: 44

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the unbusiness is Mc (ALL (AKE - FROM))	``^
2. The true name(s) and <u>business</u> address(est business under the assumed business name  Name  ELCRCHON	·
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	and Public Utilities  Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  Exic Pictor  3(1 E. LAKE S7.  Mc CAU ID 83638	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	nt
Signature: LEP Printed Name: ERIC PICHEN  Capacity/Title: BWNER  Signature:	Secretary of State use only  IDAHO SECRETARY OF STATE  03/31/2016 05:00  CK:CASH CT:158010 BH:1521384  16 25.00 = 25.00 ASSUM NAME #2
Printed Name:	D185547

abri.pmd Rev. 07/2010