

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 MAY 26 AM 8: 33

Please type or print legibly.

(see instruction # 8 on back of form)

SECRETARY OF STATE

MOTE. See instructions on reverse before filli	ig. STATE OF IDAHO
1. The assumed business name which the undersign business is:	ned use(s) in the transaction of
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<ol><li>The true name(s) and business address(es) of th business under the assumed business name:</li></ol>	e entity or individual(s) doing
Name	Complete Address
1040n Wilson 31	256 N 2500 E
	Jin Falls Id
	83301
3. The general type of business transacted under th	e assumed business name is:
☐ Retail Trade ☐ Transportation and F☐ Wholesale Trade ☐ Construction	Public Utilities
☐ Services ☐ Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and <b>\$25.00</b> fee to:
4. The name and address to which future	Idaho Secretary of State 450 N 4th Street
correspondence should be addressed:	PO Box 83720
3656 N 2500 E	Boise ID 83720-0080
TWIN Falls Id	(208) 334-2301
5. Name and address for this acknowledgment	
COPY is (if other than # 4 above):	
	Secretary of State use only
ignature: Name: Ryun WIISon apacity/Title: WARR	
rinted Name: RUM WII Son	IDAHO SECRETARY OF STATE
apacity/Title: ()WNLL	95/26/2010 95:00 CK: 185 CT: 158018 RM: 122396

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