

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

10 FEB 22 AM 9: 14

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

FILED EFFECTIVE

The assumed business name which the undersign business is:	ned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name Lovida Ciles Bolt	Complete Address W JUNAN +.
3. The general type of business transacted under the	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: DG MANAGEMENT	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
613 W. Sylvan (+ Boxe, Jo 83706	(208) 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
Signature: (signature regulared) Printed Name: (signature regulared) Capacity/Title: (OU) FR	IDAHO SECRETARY OF STATE 02/22/2010 05:20 CK: 1678 CT: 155956 RH: 128918