

Capacity/Title:

CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Nam@116 AUG 16 AM 11: 02

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

| | SIMIL OF 15 |
|--|---|
| The assumed business name which the und business is: | dersigned use(s) in the transaction of |
| Wireless Dove Rie | 3ht |
| The true name(s) and <u>business</u> address(es business under the assumed business name). | |
| Name 1 | Complete Address |
| Gildurdo Leon | 8266 East Gallatin Dr. NAMPA IN 8368, 8266 East Gallatin Dr. NAMPA ID 8368, |
| Sandra Leon | 8266 East Gallatin Dr. NAMON ID 8368, |
| The general type of business transacted un | nder the assumed business name is: |
| | and Public Utilities |
| Wholesale Trade Construction | |
| X Services Agriculture | Submit Certificate of |
| ☐ Manufacturing ☐ Mining | Assumed Business |
| ☐ Finance, Insurance, and Real Estate | Name and \$25.00 fee to: |
| 4. The name and address to which future | Secretary of State |
| correspondence should be addressed: | 450 North 4th Street PO Box 83720 |
| 8266 East Gallertin Dr | Boise ID 83720-0080 |
| Numpa Id 83687 | 208 334-2301 |
| | |
| Name and address for this acknowledgmen copy is (if other than # 4 above): | |
| 8266 East Gallatin D | |
| Nam Da Id | |
| 83687 | Secretary of State use only |
| Signature: Adelanda 2 | , |
| | IDAHO SECRETARY OF STATE |
| Printed Name: Gildardo Leon Canacity/Title: | 08/16/2016 05:00 CK:1087 CT:327936 BH:1542143 |
| Capacity/Title: Owner | 16 25.00 = 25.00 ASSUM NAME #2 |
| Signature: | |
| Printed Name: | D188577 |
| Capacity/Title: | |

abn.pmd Rev. 07/2010