

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

09 DEC 11 PM 1:27

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

2. The true name(s) and business address		tity or individual(s) doing	
business under the assumed business in Name	name:	Complete Address	
Joshua P Becker	521 Ja c	521 Jackson St Apt B Kimberly, ID 83341	
Tretail Hado	ation and Publ	•	
Wholesale Trade Construct Services Agricultur Manufacturing Mining Finance, Insurance, and Real Est	е	Submit Certificate of Assumed Business Name and \$25.00 fee to:	
The name and address to which future correspondence should be addressed: Joshua P Becker		Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080	
521 Jackson St Apt B	_	(208) 334-2301	
Kimberly, ID 83341	<u>[</u>		J
5. Name and address for this acknowled copy is (if other than # 4 above):	gment		
		Secretary of State use only	<u></u>
gnature: Signature required)	corptformstabn formskabn.p65 Revised 04/2003	IDANO SECRETARY OF	STATE