

Capacity/Title: OwnEx

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED CAFECTIVE

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

08 OCT 24 PM 1:55

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

The true name(s) and business address(es) of the business under the assumed business name:	e entity or individual(s) doing
Name	Complete Address  23 Maverick Dr  dwell Id 83605
The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction  Services Agriculture	
<ul><li>☐ Manufacturing</li><li>☐ Mining</li><li>☐ Finance, Insurance, and Real Estate</li></ul>	Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:  2923 Maverick Dr	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
CAHWELL I.d 83605	(208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only

10/24/2008 05:00 CK: CASH CT: 158010 BH: 1141680 1 0 25.00 = 25.00 ASSUM NAME # 2