

Signature:

Signature:

Printed Name: 💛

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CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

2016 MAY -9 AM 9: 59

FILED EFFECTIVE

Filing fee: \$25.00.

SECRETARY OF STATE

 The assumed business name which the undersigned use(s) in the transaction of business is: **Dorrell Distributing** 2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1): **Brent Dorrell** 287 W 320 N Blackfoot, ID 83221 (Name) (Address) Josette Dorrell 287 W 320 N Blackfoot, ID 83221 (Name) (Address) (Name) (Address) (Name) (Address) 3. The general type of business transacted under the assumed business name is: Retail Trade Construction Transportation and Public Utilities Agriculture X Wholesale Trade Mining Services Manufacturing Finance, Insurance, and Real Estate 4. Mailing address for future correspondence: 5. Name and address for this acknowledgment CODY IS (if other than #4). **Dorrell Distributing** (Name) (Name) PO Box 1349 (Address) (Address) Blackfoot, ID 83221 (City) (State) (Zipcode) (City) (State) (Zipcode) Printed Name: Brent Dorrell Secretary of State use only Signature; IDAHO SECRETARY OF STATE Printed Name Josette Dorrell 05/10/2016 05:00

Rev. 08/2015

CK:NO CK# CT:324211 BH:1527779 16 25.00 = 25.00 ASSUM NAME #2

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