

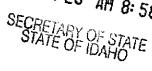
CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

FILED EFFECTIVE

2014 OCT 28 AM 8: 58



| | Redbeard Weddings | |
|------------------------------|---|--------------------------------------|
| 2. | The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: | |
| | <u>Name</u> | Complete Address |
| | Clifford Hohman | 1520 E Sherman Ave, Nampa, ID, 83686 |
| | | |
| | | |
| 3. | The general type of business transacted under the assumed business name is: | |
| | | and Public Utilities |
| | Wholesale Trade Construction | |
| | 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 |
| | Clifford Hohman | PO Box 83720 |
| | 1520 E Sherman Ave | Boise ID 83720-0080 |
| | Nampa, ID, 83686 | 208 334-2301 |
| 5. | Name and address for this acknowledgmen copy is (if other than #4 above): | t |
| | | |
| | Art 1 111 | Secretary of State use only |
| | ture: After Hohm | IDAHO SECRETARY OF STATE |
| rinted Name: Clifford Hohman | | 10/28/2014 05:00 |
| | city/Title: Owner | CK:170 CT:302655 BH:14470 |
| ona | ture: | 16 25.00 = 25.00 ASSUM NAME |
| | | r |

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Capacity/Title: