

CERTIFICATE OF ASSUMED BUSINESS NAME

2014 JUL -7 AM 9: 10

FILED EFFECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

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

2. The true name(s) and <u>business</u> address(e business under the assumed business na	· , , , , , , , , , , , , , , , , , , ,
Name Transilio, Inc. (C 1954)	Complete Address 12592 W Explorer Dr Ste 150 Boise, ID 83713
 Wholesale Trade ☐ Construction ■ Services ☐ Agriculture ☐ Manufacturing ☐ Mining 	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Transilio, Inc. 12592 W Explorer Dr Ste 150 Boise, ID 83713	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
	Secretary of State use only
nature: nted Name: C. Lloyd Mahaffey pacity/Title: Chief Operating Officer	IDAHO SECRETARY OF STATE OF ST

16 25.00 = 25.00 ASSUM NAME #2

172392

Signature: ____

Capacity/Title:__

Printed Name: