



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.

2014 NOV 12 AM 8:54

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Brush N Corks

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>McKenna Cawley</u>	<u>6776 W. Kamloops Dr Rathdrum ID 83858</u>
<u>Tracie Cawley</u>	<u>3040 E. Hayden View Dr CDA ID 83815</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

3040 E. Hayden View
Dr. Ceard'Alene IDAHO
83815

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: [Signature]

Printed Name: McKenna E. Cawley

Capacity/Title: Partner

Signature: [Signature]

Printed Name: Tracie Lynn Cawley

Capacity/Title: Partner

Secretary of State use only

IDAHO SECRETARY OF STATE

11/12/2014 05:00

CK:1407 CT:303098 BH:1448930
1@ 25.00 = 25.00 ASSUM NAME #2

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