

Printed Name: Will QV

(see instruction # 8 on back of form)

Capacity/Title:

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.

5 JAN 21 PM 1:07

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETATION STATE STATE OF IDAHO

| 1. The assumed business name which the undersign business is: \[\int \text{Q} \ Pain \frac{\frac{1}{1}}{1} \text{Q} \] | gned use(s) in the transaction of |
|---|---|
| 2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name William Luna 381 | Complete Address |
| 3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: GO POINTING P.O. BOX 50221 P.O. BOX | |
| 5. Name and address for this acknowledgment copy is (if other than #4 above): | Phone number (optional): 208 7/3-5044 Secretary of State use only |
| Signature: Ward (| |

corp\forms\abn forms\ab Revised 04/2003

IDAHO SECRETARY OF STATE

@1/21/20@5 @5:@@

CK: CASH CT: 158010 BH: 788684
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 83660