

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2013 APR 30 PM 4: 09

SECRETARY OF STATE STATE OF IDAHO

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

·	-ty Management
2. The true name(s) and <u>business</u> address(e business under the assumed business name Name Kim Peasson	es) of the entity or individual(s) doing ame: Complete Address 164 Gostin Loop Cascade, TD 83611
3. The general type of business transacted of Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Kin T. Pearson 164 Goslin Loop Cascado, TD \$3611	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
Signature: The Ponning	Secretary of State use only
Printed Name:	IDAHO SECRETARY OF STATE 04/30/2013 05:00
Printed Name:	CK: 1013 CT: 262594 BH: 1371859 1 @ 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title:	

D162904