



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2013 OCT 16 AM 9:0

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:

Echelon Tops

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>Phillip L. Briggs</u>	<u>2111 Autumncrest St. Caldwell 83607</u>
<u>April D. Briggs</u>	<u>2111 Autumncrest St. Caldwell 83607</u>

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

- | | |
|--|--|
| <input checked="" 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 checked="" 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:

Phillip L. for April D. Briggs
2111 Autumncrest St.
Caldwell, ID 83607

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

Signature: [Signature]

Printed Name: Phillip L. Briggs

Capacity/Title: _____

Signature: April D. Briggs

Printed Name: April D. Briggs

Capacity/Title: Co-owner

Secretary of State use only

IDAHO SECRETARY OF STATE
10/16/2013 05:00
CK: 184 CT: 288624 BH: 1394185
1 @ 25.00 = 25.00 ASSUM NAME # 2

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