

Capacity/Title: COCHRIR

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

09 MAY 12 AM 10: 36

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. NOTE: See instructions on reverse before filing.

. The true name(s) and business	· · ·	dividual(s) doing	* n *
business under the assumed bu Name		ete Address	
GREG FENNETT	11904 N. RA	DEK DRIVE	•:
	BOISE IDAH	83713	
. The general type of business tr	ansacted under the assumed I	ousiness name is:	
☐ Wholesale Trade ☐ C	ansportation and Public Utilitie	s 	*
	ining Assur	it Certificate of ned Business and \$25.00 fee to:	
The name and address to which		Secretary of State	· · · · · · · · · · · · · · · · · · ·
correspondence should be add	PO Box	k 83720 D 83720-0080	,
correspondence should be add MEN IN LECOVERY GREG BENNETT 11904 W. RADER PRIVE	PO Bo: Boise I	k 83720	
correspondence should be add MEN IN RECOVERY GREG BENNETT 11904 W. RADER PRIVE BOISE ID 83713	PO Bo; Boise I (208) 3	k 83720 D 83720-0080	
correspondence should be add MEN IN LECOVERY GREG BENNETT 11904 W. RADER INVE BOUSE ID 83713 5. Name and address for this acl	PO Boise I (208) 3	k 83720 D 83720-0080	

D1301063