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CERTIFICATE OF ASSUMED BUSINESS N Pursuant to Section 53-504, Idaho Code, the u submits for filing a certificate of Assumed Busin Please type or print legibly. Instructions are included on back of applic	ndersigned ness Name. SECRETARY OF STATE
<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is:</li> <li>Core framing</li> </ol>	
2. The true name(s) and <u>business</u> address(es) or business under the assumed business name: <u>Name</u> <u>Alexander Corc</u>	f the entity or individual(s) doing <u>Complete Address</u> <u>B36_Cloverfield_LN #201_Boise_I</u> D
<ul> <li>3. The general type of business transacted unde</li> <li>Retail Trade</li> <li>Transportation at</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Finance, Insurance, and Real Estate</li> </ul>	er the assumed business name is: nd Public Utilities Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed: <u>Alex Core</u> <u>11836 Clover Field LN Aft</u> #2. Buise ID, 83713	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment COpy IS (if other than # 4 above):	
Signature: May b. Cofe Printed Name: <u>Alex Cofe</u> Capacity/Title: <u>Mf.</u> Signature:	Secretary of State use only IDAHO SECRETARY OF STATE 04/30/2015 05:00 CK:2798094 CT:172099 BH:147349 16 25.00 = 25.00 ASSUM NAME #2
Printed Name: Capacity/Title:	D178725

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