

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.

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

2016 JAN - 5 PM 12: 35
SEGRETARY OF STATE OF JOANS

1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and <u>business</u> address business under the assumed business reaches and the second business of the second business address of the second business address of the second business address of the second business of	
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	stion and Public Utilities  Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:    The name and address to which future correspondence should be addressed:   The name and address to which future correspondence should be addressed:   The name and address to which future correspondence should be addressed:   The name and address to which future correspondence should be addressed:   The name and address to which future correspondence should be addressed:   The name and address to which future correspondence should be addressed:   The name and address to which future correspondence should be addressed:   The name and address to which future correspondence should be addressed:   The name and address to which future correspondence should be addressed:   The name and address to which future correspondence should be addressed:   The name and address to which future correspondence should be addressed:   The name and address to which future correspondence should be addressed:   The name and address to which future correspondence should be addressed:   The name and address to which future correspondence should be addressed to	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	nent
Signature: Kaye McCaniek  Printed Name: Kaye McCaniek  Capacity/Title: PKES DEND  Signature:	Secretary of State use only  IDANO SECRETARY OF STATE  01/04/2016 05:00  CK:1122 CT:257928 BH:1506649  16 25.00 = 25.00 ASSUM NAME #3
Printed Name: MiCHEL TA CARIAL	

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Viae Pres