

CERTIFICATE OF ASSUMED BUSINESS NAME

11 MAY 25 AM 9: 22

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. Instructions are included on back of application.

2. The true name(s) and business address	ss(es) of the entity or individual(s) doing
business under the assumed business Name SETH BENNET	• •
· · · · · · · · · · · · · · · · · · ·	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: 42 5 15+ W APT #11 REASONG, JD, 83440	Occidity of Claic
5. Name and address for this acknowledge copy is (if other than # 4 above).	gment
-	Secretary of State use only
Signature: <u>Seth Berned</u> Printed Name: <u>SETM BERNETT</u> Capacity/Title: <u>OWNER</u> Signature:	TRAIN DEPORTABLY OF COLOR
Printed Name: Capacity/Title:	95/25/2911 95-99

abri.pmd Rev. 07/2010

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