CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STATE OF IDAHO 2017 SEP 31 9: 13	
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. Tee true name(s) and business address(es) of the entity or individual(s) doing	
business under the assumed business name is/are: Name Co	omplete Address LN Post Falls I
	6375
The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade	
4. The name and address to which future Phone number (optional): 269-667-667-	
Supplies	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
75/37	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE
Capacity: Oper A For the Capacity: (see instruction # 3 on back of form)	10/16/2003 05:00 CK: 695 CT: 158810 BH: 786796 1 @ 25.00 = 25.00 ASSUM MANE # 2
	W41141