

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 11571B 25 M 9:31

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

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The true name(s) and <u>business</u> address business under the assumed business <u>Name</u>	name: <u>Complete Address</u>
Darlene Wheeler	7461 E Grey Lag Dr Nampa, ID 83687
3. The general type of business transacted Retail Trade Transport Wholesale Trade Construct Services Agricultu	tation and Public Utilities tion re
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Es	Submit Certificate of Assumed Business state Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Darlene Wheeler	Secretary of State 450 North 4th Street PO Box 83720
7461 E Grey Lag Dr	Boise ID 83720-0080 208 334-2301
Nampa, ID 83687	
5. Name and address for this acknowledge copy is (if other than # 4 above):	gment
	Secretary of State use only
gnature: Darlene Wheeler	IDAHO SECRETARY OF STATE
inted Name: <u>Darlene Wheeler</u> apacity/Title:	02/25/2015 05:00 CK:1132 CT:306924 BH:1463

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Capacity/Title: