

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

## SECRETARY OF STATE

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

A SR	
The true name(s) and <u>business</u> address business under the assumed business	ss(es) of the entity or individual(s) doing s name:
<u>Name</u>	Complete Address
A Summer Rain, Inc.	675 East 400 North; Firth, ID 83236
(C203866)	
. The general type of business transact	ed under the assumed business name is:
Retail Trade Transpor Wholesale Trade Construct	tation and Public Utilities ction
Services Agricultu  Manufacturing Mining	Submit Certificate of
Finance, Insurance, and Real E	State Assumed Business Name and \$25.00 fee to:
. The name and address to which future	l decretary or diale
correspondence should be addressed	
A Summer Rain, Inc.	PO Box 83720 Boise ID 83720-0080
675 East 400 North	208 334-2301
Firth, ID 83236	_
<ul> <li>Name and address for this acknowled COpy is (if other than # 4 above);</li> </ul>	gment
	<del></del>
	Secretary of State use only
nature: BW NW	
ted Name: Bill Nelson	IDAHO SECRETARY OF STATE
acity/Title: President	02/23/2015 05:00
nature:	CK:1814 CT:302604 BH:146
nted Name:	
pagity/Title:	Distant

abn.pmd Rev. 07/2010

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