## FILED EFFECTIVE

D185046



## CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

2016 MAP	
SECRETARY 10 STATE OF OR	AM 9: 0
SECOLIAN DE STAFFANT DE	STATE

	<b>T</b> L		DAPTATE	
1.	The assumed business ha	me which the undersign	ned use(s) in the transaction of business is:	
	Chair 1210AIVA	Propograping		
2.	The individual and/or entity the assumed business na		address(es) of those doing business under	
	Cami Starks (Name)	P.O. Box 482 (Address)	Pexburg 10 83440	
	(Name)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)		
3.	The general type of business transacted under the assumed business name is:			
	☐ Retail Trade ☐ Wholesale Trade ☑ Services	<ul><li>Construction</li><li>Agriculture</li><li>Manufacturing</li></ul>	<ul><li>Transportation and Public Utilities</li><li>Mining</li><li>Finance, Insurance, and Real Estate</li></ul>	
4.	Mailing address for future	correspondence:	<ol> <li>Name and address for this acknowledgment copy is (if other than # 4).</li> </ol>	
	Cami Nichelle Mot	ography	Cami Starks	
	2 P.O. BOX 482	<del></del>	269 Mulanie Dr	
	Pexbura U	State) (Zipcode)	Revolved 15 83440 (City) (State) (Zipcode)	
P٢	inted Name: <u>(AMi` S</u> †	arks	Secretary of State use only	
Si	gnature: <u>Carwi</u> S <del>T</del> A	Wo		
Printed Name:			IDAHO SECRETARY OF STATE	
Signature:			03/10/2016 05:00 CK:3307781 CT:321609 BH:151796:	
Printed Name:			16 25.00 = 25.00 ASSUM NAME #2	

Rev. 08/2015

Signature: