

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

2015 MAR -4 AM 8: 47

submits for filing a certificate of Assumed Business Name. Please type or print legibly.

Instructions are included on back of application.

The true name(s) and <u>business</u> address business under the assumed business Name	ess(es) of the entity or individual(s) doing s name: <u>Complete Address</u>
DAVID M. MORRIS	PO BOX 1086, EAGLE, ID 83616-1086
Retail Trade Transpo	
Services Agricult Manufacturing Mining Finance, Insurance, and Real E	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed DAVID M. MORRIS	d: 450 North 4th Street PO Box 83720
PO BOX 1086, EAGLE, ID 83616-1086	Boise ID 83720-0080 — 208 334-2301
5. Name and address for this acknowled copy is (if other than # 4 above):	dgment ——
	Secretary of State use only
gnature: inted Name: DAVID M. MORRIS	IDAHO SECRETARY OF STATE
pacity/Title: OWNER	03/04/2015 05:00
gnature: Kand Marsin	CR:2630148 CT:172099 BH:146
rinted Name: DAVID M. HORHS	10 25.00 = 25.00 ASSUM NA
apacity/Title: OWNER_	

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