

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

11 MAY -9 AM 9: 3

SECHALLY OF STATE STATE OF IDAHO

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

business is:	estic Rhythms
The true name(s) and <u>business</u> address business under the assumed business r	name:
<u>Name</u>	Complete Address
Victor James Kollock	527 Creekside Drive, Priest Lake, ID 83856
The general type of business transacted	
✓ Retail Trade ☐ Transporta ☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of
r	Assumed Business
Finance, Insurance, and Real Esta	ate Name and \$25.00 fee to:
. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
527 Creekside Drive, Priest Lake, ID 83856	PO Box 83720 Boise ID 83720-0080
	208 334-2301
	_
Name and address for this acknowledgr copy is (if other than # 4 above):	ment -
nature: Vista Killal	Secretary of State use only
ited Name: Victor J. Kollock	
pacity/Title: owner	
nature:	_
ted Name:	IDAHO SECRETARY OF STATE
pacity/Title:	05/09/2011 05±0 CK: % CT: 156010 BH: 127286

abn.pmd Rev. 07/2010

1 9 25.00 = 25.00 ASSUM NAME # 2

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