CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

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SECRETARY OF STATE STATE OF IDAHO

BestNotes	
The true name(s) and business address	
business under the assumed business r Name	•
Go Home at Five, LLC	Complete Address 781 South Washington, PO Box 1536
W 6258-3	Twin Falls, ID 83303
W \$23 8-3	
The general type of business transacted	d under the assumed business name is:
Retail Trade Transporta	ation and Public Utilities
☐ Wholesale Trade ☐ Constructi	tion
Services	re Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Est	tate Name and \$25.00 fee to:
. The name and address to which future	
correspondence should be addressed:	
	Basement West
Go Home at Five, LLC	PO Box 83720
PO Box 1536	Boise ID 83720-0080
Twin Falls, ID 83303	208 334-2301
5. Name and address for this acknowledge	dament Phone number (optional):
CODY is (if other than # 4 above):	208-543-6646
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