

## 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

SECRETARY OF STATE STATE OF IDAHO

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

1. The assumed business name which the unbusiness is:	
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name    Verde Fulfillment and District (C195032)	ne: <u>Complete Address</u>
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	nder the assumed business name is: a and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	n <b>t</b>
Signature:  Printed Name: Grapwidsberts  Capacity/Title: Pre stolent  Signature:	Secretary of State use only  IDANO SECRETARY OF STATE  96/26/2012 95:99  96/26/2012 95:99
Printed Name:	CK: 1848714 CT: 172877 NAME # 2 1 8 25.88 = 25.88 ASSUM NAME # 2

abn.pmd Rev. 07/2010

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