

Capacity/Title: _

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2014 OCT 21 PH 2: 04

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

SECRETARY OF STATE STATE OF IDAHO

The assumed business name will business is:	hich the undersigned use(s) in the transaction of
<i>i</i>	and fromthous.
2. The true name(s) and <u>business</u> business under the assumed bu <u>Name</u> Session Stambons	address(es) of the entity or individual(s) doing siness name: Complete Address 4094 W Chinden BVd Garden CHY ID 83114
Retail Trade Tra Wholesale Trade Co Services Ag	Insacted under the assumed business name is: Insportation and Public Utilities Instruction
4. The name and address to which correspondence should be address. Some E Pineridae. Poise ID BTW.	essed: 450 North 4th Street PO Box 83720
5. Name and address for this ackn copy is (if other than # 4 above):	owledgment
	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE
Printed Name: Je 33100 Sear	10/21/2014 05:00 CK:CASH CT:302400 BH:1446138
Capacity/Title: Owner Operat	16 25.00 = 25.00 ASSUM NAME #2
Signature:	
Printed Name:	> 10 11/10

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