

Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAME

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CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, th submits for filing a certificate of Assumed B Please type or print legibly. Instructions are included on back of app	S NAME ile undersigned susiness Name.
1. The assumed business name which the und business is: Bones Senuices	dersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name	
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: (lany Sarbacher 832 N. 14211 Changerville, Idaho 835	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):	Secretary of State use only
Signature: Cary Sanbach Capacity/Title: Press	Socious, o. Sand assum,
Signature: Printed Name: Capacity/Title:	IDAHO SECRETARY OF STATE 12/04/2012 05:00 CK: 190003751 CT: 276818 BH: 1349784 1 0 25.00 = 25.00 ASSUM NAME # 2

abn.pmd Rev. 07/2010

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