Capacity/Title:___



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2016 OCT 27 PM 1: 02

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

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned business is: A R R Vectormance	d use(s) in the transaction of
2.	The true name(s) and <u>business</u> address(es) of the elbusiness under the assumed business name: Name Advant Malagal Perce 130 2	entity or individual(s) doing Complete Address 2nd Auc 1/ Nampa II) 83692
3.	The general type of business transacted under the a Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4.	The name and address to which future correspondence should be addressed: Alvian Midnight Perz 7	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	
Printe Capa	ture: Adrian Madriga Verz ed Name: Adrian Madriga Verz city/Title: ture:	Secretary of State use only 10AHO SECRETARY OF STATE 10/27/2016 05:00 CK:CASH CT:158010 BH:1552669 10 25.00 = 25.00 ASSUM NAME #2
Printed Name:		D190047

abn.pmd Rev. 07/2010