

## FILED EFFECTIVE **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2013 SEP -9 AM 9: 40

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

Falls Consulting	
business under the assumed bus	ddress(es) of the entity or individual(s) doing iness name:
<u>Name</u>	Complete Address
BAC Enterprises, LLC.	4081 Greenwood Circle Ammon, Idaho 83406
3. The general type of business tran	sacted under the assumed business name is:
	sportation and Public Utilities struction
	culture
☐ Manufacturing ☐ Mini	
Finance, Insurance, and Re	Assumed Business
	1 danie dad \$20.00 (CC (O.
<ol> <li>The name and address to which for correspondence should be address</li> </ol>	Secretary of State
Falls Consulting	450 North 4th Street PO Box 83720
4081 Greenwood Circle Ammon, Idaho 8	1 B 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	208 334-2301
5. Name and address for this acknow copy is (if other than # 4 above):	vledgment
	Secretary of State use only
gnature:	
nted Name: Benjamin A. Cornett	
apacity/Title: Owner	<del></del>
gnature:	IDAGO OCONCIANI OI OINIC
nted Name:	09/09/2013 05: CK: 1898 CT: 287282 BH: 138
inacity/Title:	1 0 25.00 = 25.00 ASSUM NA

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Capacity/Title: