Printed Name: SDCW

Capacity/Title: UNIV DORTO



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.

2014 DEC -1 PM 3: 20

SELECTARY OF STATE STATE OF IDAHO

D175248

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

2. The true name(s) and <u>business</u> address(e: business under the assumed business nar <u>Name</u>	s) of the entity or individual(s) doing ne: <u>Complete Address</u>
Susan Nab Hailee Moala	10732 W. Stone crop Ct. Star, ID 83669
The general type of business transacted until Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: SUSAN 3 Hailee 10732 W Stonecrop Ct. Star ID 83669	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	nt
pature: De-	Secretary of State use only
ted Name: Haitee Mala eacity/Title: OWNEY Partner	IDAHO SECRETARY OF STATE 12/02/2014 05:00 CK:2395180 CT:172099 BH:1451 16 25.00 = 25.00 ASSUM NAME