## **FILED EFFECTIVE**

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. 2012 NOV 30 PM 3: 34

SECRETARY OF STATE STATE OF IDAHO

## Please type or print legibly.

instructions are included on back of application.	
The assumed business name which the und business is:     SlednBed	fersigned use(s) in the transaction of
Sistinger	
2. The true name(s) and <u>business</u> address(es) business under the assumed business nam  Name  IP Rentals LLC  W 115352	
3. The general type of business transacted un  Retail Trade Transportation  Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  IP Rentals LLC  P.O. Box 262  Macks Inn. Idaho 83433	Secretary of State 450 North 4th Street PO Box 83720 Bolse ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (If other than # 4 above):	Sacretary of State use only
Signature: M / Justin Hurd  Printed Name: Michael Jason Hurd  Capacity/Title: Manager	SECISLELY OF SIZE USE ONLY
Signature:	
Printed Name:	
) - 111500 1 MILITY	

IDAHO SECRETARY OF STATE

11/30/2012 05:00

CK: NONE CT: 22233 BH: 1349515

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