Printed Name: __ 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.

2014 AUG -5 AM 9: 58

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 understand business is: Lyven LED Solution Output Description Lyven LED Solution Description Lyven LED Solution Lyven LED Solution Description Description Lyven LED Solution Lyv	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Branch 7 Group LLC (W64235)	the entity or individual(s) doing Complete Address PO Box 2345 Eggle TD 836/6
3. The general type of business transacted under ☐ Retail Trade ☐ Transportation an ☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture	
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: PO Box 2345 Eagle ID 8366	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):	
	Secretary of State use only
Printed Name: Steve Miljatovic Capacity/Title: Owner	IDAHO SECRETARY OF STATE 08/05/2014 05:00 CK:2114848 CT:172099 BH:14360 10 25.00 = 25.00 ASSUM NAME
Signature:	0172992
Printed Name:	1110110