

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 12 PM 4: 44

## 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 business is:  A W C Style	e undersigned use(s) in the transaction of
V	ss(es) of the entity or individual(s) doing aname:  Complete Address  GHGH W Resscott Ave Boise TO 83744
3. The general type of business transacted Retail Trade Transport Wholesale Trade Construct Agricultute Manufacturing Mining Finance, Insurance, and Real Est	tation and Public Utilities ction are Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  6464 N Presscott no A and C Style  Boise, FO 83714	450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	- <del>-</del>
	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE
Printed Name: <u> </u>	10/12/2016 05:00 CK:4277462 CT:172099 BH:15504:
Signature:	16 25.00 = 25.00 ASSUM NAME #
Printed Name:	N190710

D184,170