

Signature: ____

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2015 AUG 14 AM 10: 58

CEOPETARY OF STATE

		S	TATE OF IDA	HU	
1. The assumed business nam	ne which the undersig	ned use(s) in the tra	insaction of l	business is	S :
<u> </u>	IROP				
2. The individual and/or entity	names and business	addragg(ag) of thes	o doina busi	nose unde	r
The individual and/or entity the assumed business name		, ,	ading busii	ness unde	l
Duryne D. Hines	7 /9 27 S	5, Tallwood	Boise	State)	3706 (7inanda)
(Name) /	(Address)	(1)	City)	(State)	(zipcode)
(Name)	(Address)	((City)	(State)	(Zipcode)
(Name)	(Address)	(0	City)	(State)	(Zipcode)
(Name)	(Address)		Dity)	(State)	(Zipcode)
a 					
The general type of businesRetail Trade		_		D. 4515 - 1 1416	tiaa
Wholesale Trade	Construction Agriculture	☐ Iranspo	ortation and I	Public Ouli	ues
Services	Manufacturing	<u> </u>	e, Insurance,	and Real	Estate
4. Mailing address for future of	orrespondence:	5. Name and add		acknowle	dgment
Alkana Hines #		COPY IS (if other th	an # 4).		
(Name)	<u> </u>	(Name)			
(Address)	90 LN	(Address)			
$\frac{15018}{(\text{city})}$	83/06 (tate) (Zipcode)	(City)	(State)	(Zípcode)
N	,				
Printed Name: 1)(1) GYN C	HINES &	Se	cretary of State us	se only	
Signature:		IDAHO SECRETARY OF STATE 08/14/2015 05:00			
Printed Name:		CK: 54	78 CT: 9751	4 BH:148	8086
Signature:		16 25.0	0 = 25.00	ASSUM NZ	AME #2
Printed Name:	···	1	7180	834	
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Rev. 06/2015