CERTIFICATE OF FINANCE ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filling a certificate of Assumed Business Name.

2014 APR -1 PH 3: 53

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

	<u> </u>
The true name(s) and <u>business</u> addre business under the assumed busines	ss(es) of the entity or individual(s) doing s name:
<u>Name</u>	Complete Address
Thomas Erikson	630 Taurus Dr Rexburg, ID 83440
Charlotte Erikson	630 Taurus Dr Rexburg, ID 83440
	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed Charlotte or Thomas Erikson 630 Taurus Dr Rexburg, ID 83440	e Secretary of State
Name and address for this acknowled copy is (if other than #4 above):	gment
ture: Mintalhan	Secretary of State use only
d Name: Charlotte Erikson	
w : ***********************************	

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