

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 SEP 15 AM 10: 08

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

The assumed business name which business is: Clayton Liquor Store	the undersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> addr business under the assumed busine <u>Name</u> <u>McKnight Properties</u> <u>LLC</u> <u>W49030</u>	ress(es) of the entity or individual(s) doing ss name: Complete Address PO Box 607 Shoshone, ID 83352
	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed. Wendi McKnight. 387 E Hwy 26 Shoshone, ID 83352	Secretary or State
5. Name and address for this acknowle copy is (if other than # 4 above):	Secretary of State use only
Signature: Wendi McKnight Capacity/Title: Member	IDAHO SECRETARY OF STATE 09/16/2014 05:00
Signature:	CK:1013 CT:299291 BH:144143

CK:1013 CT:299291 BH:1441436 16 25.00 = 25.00 ASSUM NAME #2

D173756

Capacity/Title:

Printed Name: _____