227	
CERTIFICATE OF	
Pursuant to Section 53-504, Idaho Code, th submits for filing a certificate of Assumed B	
Please type or print legibly. Instructions are included on back of app	SECRETARY OF STATE STATE OF IDAHO
 The assumed business name which the undersigned use(s) in the transaction of business is: 	
2. The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u> <u>THW BLUE LIVE COUSTICS LCC</u> <u>WIT3252</u>	ne: <u>Complete Address</u>
 3. The general type of business transacted un Retail Trade Wholesale Trade Construction Services Agriculture Manufacturing Finance, Insurance, and Real Estate 	nder the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
 The name and address to which future correspondence should be addressed: <u>KOQ N.FINSBULY WAY</u> STAL ID K3669 	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgmer copy is (if other than # 4 above): 	ıt
-	Secretary of State use only
Signature: Printed Name: <u>BRAD</u> <u>BARTHOLOMEW</u> Capacity/Title: <u>DWER</u>	IDAHO SECRETARY OF STATE 10/18/2016 05:00 CK:175 CT:330246 BH:1551418 16 25.00 = 25.00 ASSUM NAME #3
Signature:	D189830
Printed Name: Capacity/Title:	

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