

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## FILED EFFECTIVE

2015 JUN 10 AM 8: 28

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

SECRETARY OF STATE STATE OF IDAHO

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

1. The assumed business name which the undersigned business is:	
2. The true name(s) and <u>business</u> address(es) of the obusiness under the assumed business name:  Name  Smokey Dome Management LLC  W 37857	entity or individual(s) doing  Complete Address  P. O. Box 333  Fairlie U, TD 83327
3. The general type of business transacted under the  Retail Trade Transportation and Pu  Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  Smokey Dome Management LLC  P. O. Box 333  Fir field, TD 83327	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State use only
Signature: Mother fax Honorle	IDAHO SECRETARY OF STATE
Printed Name: Kodney Ray Gonsales	06/10/2015 05:00
Capacity/Title: Manager   member	CK:5656 CT:311201 BH:1479236 1@ 25.00 = 25.00 ASSUM NAME #
Signature:	— u market a

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Capacity/Title:

Printed Name: \_\_\_\_