

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

1219AY 23 PH 3:00

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the unde business is:	rsigned use(s) in the transaction of
2.	The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Name Connce J. Thysfield	
3.	The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is: nd Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4.	The name and address to which future correspondence should be addressed: Sophisticuts & Ent 142 13.11/2015 Emn(ett N) of 83617	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):	
Printe	ed Name: (Sinie T. 11/apspield Flores Afolder	Secretary of State use only
Capacity/Title: <u>ouypes</u> Signature:		IDAHO SECRETARY OF STATE 05/23/2012 05:00
Printed Name:		CK: CASH CT: 270731 BH: 1325436 1 @ 25.00 = 25.00 ASSUM NAME # 3

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