

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2014 AUG -6 AM 8: 47

SECRETARY OF STATE

	Please type or print legibly. Instructions are included on back of app	lication.	STATE OF IDAHO		
1.	The assumed business name which the undersigned use(s) in the transaction of business is:				
	Rockmakers of Southern Idaho			_	
2,			e entity or individual(s) doing <u>Complete Address</u> ollege Drive Falls ID 83301		
3.	The general type of business transacted under the assumed business name is: Retail Trade				
4,	The name and address to which future correspondence should be addressed: Fred M Stewart 823 College Drive Twin Falls ID 83301		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301		
5,	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt			
			Secretary of State use only	11	
_	ture: The transfer of the tran		:		
	d Name: Fred M Stewart				
Capacity/Title: Owner		IDAHO SECRETARY OF STATE			
Signature:		ł	08/06/2014 05:00 CX:2117848 CT:172099 BH:14361		
	d Name:	j	16 25.00 = 25.00 ASSU		
Capa	city/Title:	ŀ	1722	. X	

9/21/2012

abrupmd Rev. 07/2/010

173200