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.

## FILED EFFECTIVE

2015 APR 20 AM 11: 30

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersign business is:	ned use(s) in the transaction of
Gal Enterprises	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Cary Bonney  Carre Van Born	Complete Address  21 Olympia dr  Boise 1 dr  83705
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  102 Olympia av  80156 = 1000	Name and \$25.00 fee to:  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: June J. Van Oru	IDAKO SECRETARY OF STATE
Printéd Name: Laure Van Jorn	04/20/2015 05:00 CK:CASH CT:158010 BH:1471825
Capacity/Title: (6)- OWNER	1@ 25.00 = 25.00 ASSUM NAME #
Signature: Printed Name:	17d(42

1)178413