

CERTIFICATE OF ASSUMED BUSINESS NAME

2010 HAY - 1 AM 10: 22

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.

business is: Home town 2. The true name(s) and business address business under the assumed business in Name DAULO LEE SPRADA	ame: Complete Address
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	sion and Public Utilities on Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than #4 above).	
Signature: David Jee famille	Secretary of State use only
Printed Name: <u>DAVID LEE SPRADUI</u> Capacity/Title: <u>OWNER</u> Signature: <u>DAVID LEE SPRADUI</u> Printed Name: DAVID LEE SPRADUI	- 05/01/2014 05:00 - 05/01/2019 05:00 - 05/01/2019 05:00

1@ 25.00 = 25.00 ASSUM NAME #2

