

## 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

2013 OCT 29 AM 8: 46

SECRETARY OF STATE STATE OF IDAHO

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

The true name(s) and <u>business</u> addre	ss(es) of the entity or individual(s) doing s name:
<u>Name</u>	Complete Address
Mark Stahl	77 Kirk Dr. Boise Idaho 83716
*	Ire Submit Certificate of
Finance, Insurance, and Real E  The name and address to which future	
correspondence should be addressed Mark Stahl	450 North 4th Street PO Box 83720
77 Kirk Dr.	Boise ID 83720-0080 208 334-2301
Boise, ID 83716	230 30 1 230 1
Name and address for this acknowled copy is (if other than #4 above):	gment

IDAHO SECRETARY OF STATE
10/29/2013 05:00
CK: 2033 CT: 289084 BH: 1395782
1 0 25.00 = 25.00 ASSUM HAME # 2

D166668

Signature: \_\_\_\_

Printed Name: NA Capacity/Title: NA

Capacity/Title: OWNER