

CERTIFICATE OF ASSUMED BUSINESS NAME

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SECRETARY OF STATE STATE OF IDAHO

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

Signature:

Printed Name:

Signature:

		address(es) of those doing business under ne you listed in #1):
Pagoda Box, Inc.	901 Pier View Drive	e #206 Idaho Falis, ID 83402
C19820	7	
(Name)	(Address)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(Name)	(Address)	
(Name)	(Address)	~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
☐ Retail Trade ☐ Wholesale Trade ☒ Services	☐ Construction☐ Agriculture☐ Manufacturing	☐ Transportation and Public Utilities ☐ Mining ☐ Finance, Insurance, and Real Estate
Mailing address for futur	e correspondence:	 Name and address for this acknowledgmen copy is (if other than # 4):
Michael S Andrus		
901 Pier View Drive #2	06	(Name)
(Address) Idaho Falls, ID 83402		(Address)
(City)	(State) (Zipcode)	(City) (State) (Zipcode
inted Name: Michael S A	ndrus	Secretary of State use only
	5/1/	Societally of Oldic data Only
gnature: Mul	OUL	IDAHO SECRETARY OF STATE
inted Name:		02/02/2017 05:00

CK:1070 CT:334146 BH:1567107 10 25.00 = 25.00 ASSUM NAME #2

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