

Capacity/Title: CFO

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE
2013 NOV 12 AM 9: 44

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.

Botangle 2. The true remarks) and business	
The true name(s) and <u>business</u> a business under the assumed bus	address(es) of the entity or individual(s) doing siness name:
Name	Complete Address
Loma Finman	764 S. Clearwater Loop, Post Falls, ID 83854
Erik Finman	764 S. Clearwater Loop, Post Falls, ID, 83854
3. The general type of business tran	nsacted under the assumed business name is:
Retail Trade Trar	nsportation and Public Utilities
☐ Wholesale Trade ☐ Cor	nstruction
Services Agr	riculture
☐ Manufacturing ☐ Min	Submit Certificate of
Finance, Insurance, and Re	Assumed Business eal Estate Name and \$25.00 fee to:
4. The name and address to which	future Secretary of State
correspondence should be addre	essed: 450 North 4th Street
Lorna Finman	PO Box 83720
764 S Clearwater Loop	Boise ID 83720-0080 208 334-2301
Post Falls, ID 83854	200 334-2301
5. Name and address for this acknowledge.	owledgment
COPy is (if other than #4 above).	
	Secretary of State use only
gnature:	
inted Name: Erik Finman	
apacity/Title:CEO	TRAIN OF OFFICE OF STAYF
gnature: X Hm	IDAHO SECRETARY OF STATE 11/13/2013 05:0
inted Name: Loma Finman	CK: 1095 CT: 268722 BH: 13976 1 0 25,00 = 25.00 ASSUM NAME

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