

CERTIFICATE OF ASSUMED BUSINESS NAME

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CERTIFICATE OF ASSUMED BUSINESS N Pursuant to Section 53-504, Idaho Code, the ur submits for filing a certificate of Assumed Busin Please type or print legibly. NOTE: See instructions on reverse before fi	ndersigned sess Name.
 The assumed business name which the undersolutioness is: A Livestoe The true name(s) and business address(es) of business under the assumed business name: Name Share Alder Josh Alder 	ck Equipment
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Shane Address for this acknowledgment	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above): Signature (signature required) Printed Name: (signature required) Capacity/Title: (see instruction # 8 on back of form)	Secretary of State use only Secretary of State use only