

Signature:

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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

Filing fee: \$25.00.

2015 SEP 17 AM 8: 40

4	The commend by the commend to the state of t		SECRETARY OF STATE	
1.	The assumed business name which the undersigned use(s) in the transaction of business is:			
	Open Edge Design			
2.	the assumed business name (do not incl	ude the name y	ddress(es) of those doing business under you listed in #1):  Ly <sup>n</sup> Shard Coour of Mene ID 838	15
	(Name) (Address)			
	(Name) (Address)			
	(Name) (Address)	<del></del>		
3.	Wholesale Trade Agric	d under the a struction culture ufacturing	assumed business name is:  Transportation and Public Utilities Mining Finance, Insurance, and Real Estate	
4.	Mailing address for future corresponder  Marshall Cochrans (Name)  8308 North 4th Street (Address)  Caeur of Here TP 878 (City) (State)	nce: 5	5. Name and address for this acknowledgment copy is (if other than # 4):  (Name)  (Address)  (City) (State) (Zipcode)	
Pri	nted Name: Marshall Cochrade		Secretary of State use only	
Printed Name: Marshall Cochrace Signature: Mills Tille			IDAHO SECRETARY OF STATE 09/17/2015 05:00	
Printed Name:		\	CK:1093 CT:314665 BH:1492646 16 25.00 = 25.00 ASSUM NAME #2	
Si	gnature:			
Pri	nted Name:		D181201	

Rev. 08/2015