

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing

business is:	Contract
Cand C POLY GRAPA	5 2 K VIC 2)
2. The true name(s) and business address(es)	of the entity or individual(s) doing
business under the assumed business name Name	
	Complete Address
Restrict Latins	16573 MARAVILLA PL LALLWILLIP 83602 5880 Dine La CALONEII 7083602
Bill COAWFORD	1880 Dine (~ CALOWELL TO 83602
The general type of business transacted und	der the assumed business name is:
_	and Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
C be colsenanus to	Basement West PO Box 83720
CBC POLYSDAPH STRUCES	
7880 Blanc La CALACTI	208 334-2301
Name and address for this acknowledgmen	nt Phone number (optional):
COPy İS (if other than # 4 above).	208-250-0005
	Secretary of State use only
	965
Signature:	dela se de la companya de la company
(signards required)	1) 10862
Printed Name: Lullian Connection	IDAHO SECRETARY OF STATE 980 Understand Secretary of State 92/27/2007 95:00
Capacity/Title: Panywer	IDAHO SECRETARY OF STATE
(see instruction # 8 on back of form)	18 92/27/2007 05:00 CK: 3516 CT: 210180 BH: 1036030