

Printed Name: Jau

Capacity/Title: Co - owner -

(see instruction # 8 on back of form) partner

CERTIFICATE OF ASSUMED BUSINESS NAME

	<i>~</i> //
CERTIFICATE OF ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the unders submits for filing a certificate of Assumed Business Please type or print legibly. NOTE: See instructions on reverse before filing	signed Name. State of the stat
The assumed business name which the undersignate business is: **Coc Properties**	
The true name(s) and business address(es) of the business under the assumed business name: Name A29 Tay Carpen Fex Pos	Complete Address TIGEV AVE. St Flatts, ID. 83854
The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture	
☐ Manufacturing ☐ Mining ☑ Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Jay Carpenter 429 Tiger are Post Falls 11 83854	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):	Phone number (optional):
ature: T Canada de la seguina de la seg	Secretary of State use only

IDAHO SECRETARY OF STATE 4/22/2004 05:00 : 1001 CT: 150010 BH: 740762 25.00 = 25.00 ASSUM NAME # 2