

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2015 MAY 21 PM 1: 30

SECRETARY OF STATE

Please type or print legibly.
Instructions are included on back of application.

1. The assumed business name which the business is: Mortinez Koofing	
2. The true name(s) and <u>business</u> address business under the assumed business in <u>Name</u>	S(es) of the entity or individual(s) doing name: Complete Address 2812 N. Core RD Brise ID 83704
3. The general type of business transacted Retail Trade Transporta Wholesale Trade Agriculture	ation and Public Utilities ion e
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Est	Submit Certificate of Assumed Business tate Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 28/2 N-Core RD Borse, Ideha 83	Secretary of State 450 North 4th Street
5. Name and address for this acknowledg copy is (if other than # 4 above):	ment
	Secretary of State use only
Signature: <u>Fam matting</u> Printed Name: <u>Ffram Martine</u> Capacity/Title: <u>Rocking</u> Signature:	IDAHO SECRETARY OF STATE 05/21/2015 05:00 CK:2858706 CT:172099 BH:147651 10 25:00 = 25:00 ASSUM NAME #
Printed Name: Capacity/Title:	D179211

abri.pmd Rev. 07/201