Capacity/Title: <u>OWNER</u>



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2014 DEC 16 PM 2: 15

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

SECRETARY OF STATE STATE OF IDAHO

business is: Protracted Graphics	
The true name(s) and <u>business</u> address business under the assumed business n	` '
<u>Name</u>	Complete Address
MERLIN ECHEGOVEN (	3348 JACKIE LN #1
MERLIN ECHEGOVEN (	BO156 10 83704
The general type of business transacted     Retail Trade     Transportat	under the assumed business name is:
<ul> <li>Wholesale Trade ☐ Construction</li> <li>Services ☐ Agriculture</li> <li>Manufacturing ☐ Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  NICOLO ECHEGALEN  3348 JACKIE IN #1  Boisc 10 83704	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgn copy is (if other than # 4 above):	nent
	. Secretary of State use only
Signature:	_ IDAHO SECRETARY OF STATE
Printed Name: NICOLE Echegolon	12/16/2014 05:00 CK:CASH CT:289832 BH:1453254
Capacity/Title: OWNOR	16 25.00 = 25.00 ASSUM NAME #2
Signature: Montan Edocyerfu	<u>/</u>
Printed Name: MEDIN EUGGOVEN	- NOTELIAS

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