

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.JAN -9 AM 8:58

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

SECRETARY OF STATE STATE OF DAHO

	OTATE OF IDAGIO
	e undersigned use(s) in the transaction of
business is:	
Lois of (o	nipany
	P
The true name(s) and <u>business</u> address business under the assumed business	• • • • • • • • • • • • • • • • • • • •
Name	Complete Address
lated A	Silv n 10 th Aug S Manage
THE THINKY	- SHOFF IX- FIVE. OS, NOMPA
Lois Rivers	
· · · · · · · · · · · · · · · · · · ·	8365
3. The general type of business transacte	ed under the assumed business name is:
	tation and Public Utilities
☐ Wholesale Trade ☐ Construc	
Services Agricultur	
☐ Manufacturing ☐ Mining	Submit Certificate of
Finance, Insurance, and Real Es	Assumed Business
i mance, mourance, and near as	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	
Lois + Company	PO Box 83720 Boise ID 83720-0080
816A 12h Hye. So	208 334-2301
Nampa, Idaho 83	345/
Name and addréss for this acknowledge	gment
COPY is (if other than # 4 above).	
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	<u> </u>
	Secretary of State use only
gnature; Law & Kyus	
nted Name: Lois A. Rivers	
apacity/Title: Qu) N.C.T	
· •	—
gnature:	IDAHO SECRETARY OF STATE
inted Name:	Ø1/Ø9/2014 Ø5:00 CK: 8679 CT: 291543 BH: 1485256
apacity/Title:	1 9 25.00 = 25.00 ASSUM NAME # 2

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