

CERTIFICATE OF ASSUMED BUSINESS NAME

12 APR 18 AR 9:00

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

SECRETARY OF STATE STATE OF ICAMO

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

Massa	age 4 U
The true name(s) and <u>business</u> add business under the assumed busin <u>Name</u> Melinda Sterling	dress(es) of the entity or individual(s) doing ess name: Complete Address PO Box 1056 118 E 4th Glenns Ferry, ID 83623
Retail Trade Trans	acted under the assumed business name is: portation and Public Utilities truction
Services Agric Manufacturing Minin Finance, Insurance, and Rea	Assumed Business
The name and address to which fu correspondence should be address Po Box 1056 Glenns Ferry, ID 83623	Secretary of State
5. Name and address for this acknow copy is (if other than # 4 above):	ledgment
gnature: Melinda St erling	Secretary of State use only
inted Name: Melinda St. erling apacity/Title: owner	
gnature:	TRAID PERDETADY OF PTATE
rinted Name:apacity/Title:	IDAHO SECRETARY OF STATE ### 4/18/2012 05 # 6 CK: 2981 CT: 158818 BH: 1328 1 @ 25.00 = 25.00 ASSUM NAM

