

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

Signature:

Printed Name:

Capacity/Title:

2014 APR 21 AM 9:46 SECRETARY OF STATE STATE OF IDAHO

"-CELL TOPE ASSAULT

2. The true name(s) and business address(es	
business under the assumed business nan <u>Name</u> Wayne Grogan	
The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction	nder the assumed business name is:
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street
Wayne Grogan 812 1st #58 Kamiah ID 83536	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above): Same	nt
nature:	Secretary of State use only IDAHO SECRETARY OF STAT
nted Name: Wayne Grogan	04/21/2014 05:00

16 25.00 = 25.00 ASSUM NAME #2

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