

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

09 JUN 11 AM 9: 04

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

SECRETARY OF STATE STATE OF IDAHO

FILED EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business address(es business under the assumed business name	s) of the entity or individual(s) doing
Name	Complete Address
Shelly Wight	3609 £ 3100N
Brett Wright	Kimberly ID83341
The general type of business transacted u	nder the assumed business name is:
☐ Wholesale Trade ☐ Construction	n and Public Utilitles
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Shelly Wight	PO Box 83720
3609 8 3100 N Kingber L. J.D. 83341	Boise ID 83720-0080 208 334-2301
. Name and address for this acknowledgm	ent Phone number (optional):
CODY IS (if other than # 4 above).	208-423-4439
COPY 13 (II outer that # 7 above).	As A

IDAHO SECRETARY OF STATE 26/11/2009 05:00 CK: 6882 CT: 158018 MH: 1174223 19 25.00 = 25.00 ASSUM NAME 9 2

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