

Signature: Pavid HIInen

(see instruction # 8 on back of form)

Printed Name:

Capacity/Title:

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.

Please type or print legibly.
NOTE: See instructions on reverse before filing.

Allmon

07 NOV 14 AM 8: 09

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersign business is: High Descriptions	
2. The true name(s) and ousiness address(es) of the business under the assumed business name: Name David Allmon 3. The general type of business traces to the second of the business address(es) o	entity or individual(s) doing Complete Address PO Box 140756 Garden City, ID 83714
3. The general type of business transacted under the Retail Trade	
4. The name and address to which future correspondence should be addressed: PO BAULD Allmon 10 Box 140756 Quantity TD 83714	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 about Same and	Phone number (optional): Secretary of State use only

IDAHO SECRETARY OF STATE
11/14/2007 05:00
CK: 163 CT: 158818 BH: 1885265
1 8 25.88 = 25.88 ASSUM NAME # 2

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