

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly.

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CERTIFICATE OF ASSUMED BUSINESS I Pursuant to Section 53-504, Idaho Code, the u submits for filing a certificate of Assumed Bus	Indersigned
Please type or print legibly. Instructions are included on back of applic	
1. The assumed business name which the under business is: Flow Rite Engine Decart)
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Austra Matthew Jones 6	Complete Address 1541 Elmused U. Cocur d'Aline, ID 13815
3. The general type of business transacted unde Retail Trade Transportation ar Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	ser the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Austra Tones 25 41 61 mwood Dr. Coeur d'Alene ID 7375	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: Austin Souce	Secretary of State use only
Printed Name: Austin Towas	
Capacity/Title: <u>NWNC</u>	
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	96/93/2913 95:09 CK: 416211374 CT: 283887 BH: 1376264
Canacity/Title:	1 8 25.00 = 25.00 ASSUM NAME # 2

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Capacity/Title: