

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

2013 MAY 20 AM 10: 35

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

SECRETARY OF STATE STATE OF IDAHO

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

business under the assumed busi	ddress(es) of the entity or individual(s) doing iness name:
<u>Name</u> Angie O'Shea	Complete Address
Aligie O Sriea	11515 W Celestial Dr.
Retail Trade Trans Wholesale Trade Cons	sacted under the assumed business name is: sportation and Public Utilities struction
Services Agric  Manufacturing Minin  Finance, Insurance, and Rea	Acquire and Distriction
<ol> <li>The name and address to which fur correspondence should be address Angie O'Shea</li> </ol>	sed: Secretary of State 450 North 4th Street PO Box 83720
11515 W Celestial Dr. Star, ID 83669	Boise ID 83720-0080 208 334-2301
<ol><li>Name and address for this acknow copy is (if other than # 4 above).</li></ol>	rledgment
	Secretary of State use only
gnature: Angio O'Sho	
rinted Name: Angie O'Shea  apacity/Title: Developer / Owner	
gnature:	TROUG CECOETARY OF THE
inted Name:	IDAHO SECRETARY OF STATE  95/29/2013 95:99  CK: 1485488 CT: 172899 BH: 137437
apacity/Title:	1 8 25.00 = 25.00 ASSUM NAME #

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