

Signature:\_\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

FILED EFFECTIVE

Filing fee: \$25.00.

2017 APR 10 PM 4: 24

The assumed bus	siness name which the und	ersianed use(s) in the	SECRETARY OF STA	JE ss is:	
Kat Kubes			The state of the s		
	d/or entity names and busir iness name (do <u>not</u> include th		nose doing business ur	nder	
Steven E LeMes	urier 1492 W McHe	1492 W McHenry Street, Kuna, ID 83634			
(Name)	(Address)	(Address)			
Lezlie A. LeMesi	urier 1492 W McHe	1492 W McHenry Street, Kuna, ID 83634			
(Name)	(Address)				
(Name)	(Address)				
(Name)	(Address)				
Retail Trade  Mholesale Trace  Services	Manufactuor future correspondence:	ion	sportation and Public Uing nce, Insurance, and Read	eal Estate	
(Name)	OWIGGUITO	(Name)			
1492 W McHenry	Street				
(Address)		(Address)			
Kuna, ID 83634		· <u> </u>			
(City)	(State) (Zipcode)	(City)	(State)	(Zipcode)	
Printed Name: Stever	i E LeMesurier		Secretary of State use only		
Signature: <u>/////</u>			IDAHO SECRETARY OF STATE		
Printed Name: Lezlie	A LeMesurier		04/10/2017 05:0		
Printed Name: 50290	71 Ecivicodiloi		82234 CT:172099 BF		
Signature.		14 20	.00 = 25.00 ASSUM	ander fr	
Printed Name:			D102500	<b>)</b>	
			- V147/200	<b>&gt;</b>	