

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. 2014 SEP -4 AM 10: 23 SECRETARY OF STATE STATE OF IDAHO

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

The true name(s) and <u>business</u> address(es) of business under the assumed business name Name Criwnie Kowari k.	
The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: 2102 NW 1214 ST Mericlian TD 83446	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	
nted Name: Givnic Kowarik	Secretary of State use only IDAHO SECRETARY OF ST

IDAHO SECRETARY OF STATE 09/04/2014 05:00

CK:5106 CT:300796 BH:1439978 16 25.00 = 25.00 ASSUM NAME #2

1)173562

Capacity/Title: Owner.

Signature;

Printed Name:

Capacity/Title: