

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

2018 AUG -6 AM 10: 01

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	Centerline phylainy Son	JSOS	
2,	the assumed business name (do not inc	lude the name	address(es) of those doing business under ne you listed in #1):  ADA R. Nunga Id. 83687
	(Name) (Address)		
3.	The general type of business transacte	ed under the	e assumed business name is:
	Wholesale Trade Agri	nstruction iculture nufacturing	☐ Transportation and Public Utilities ☐ Mining ☐ Finance, Insurance, and Real Estate
4.	Mailing address for future corresponde	ence:	<ol> <li>Name and address for this acknowledgment copy is (if other than # 4).</li> </ol>
	Steve Eshalman		
	Stave Eshaman (Name) 18409 N CAN-ADA RJ. (Address)		(Name)
	(Address)		(Address)
	(Address)  WAmpy Folkow  (City)  (State)	8 <i>3(§</i> 7 <del>Zipcode)</del>	(City) (State) (Zipcode)
Pri	inted Name: Steve Eshalmon		Secretary of State use only
Sig	gnature:		
Printed Name:		IDAHO SECRETARY OF STATE 08/06/2018 05:00	
	gnature:		CK:CASH CT:158010 BH:1657323 16 25.00 = 25.00 ASSUM NAME #2
	inted Name:		
	gnature:		Town of

Rev. 08/2015

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