CERTIFICATE OF ASSUMED BUSINESS NA	ME FILED EFFECTIVE
Pursuant to Section 53-504, Idaho Code, the under submits for filing a certificate of Assumed Business	
Please type or print legibly. Instructions are included on back of application	D. SECRETARY OF STATE STATE OF IDAHO
1. The assumed business name which the undersign business is:	
<ol> <li>2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: <u>Name</u></li> </ol>	e entity or individual(s) doing Complete Address
Bridget Havlik	278 W Lone Mountai. ail Rathdrown ID 83858
<ul> <li>3. The general type of business transacted under the Retail Trade</li> <li>Wholesale Trade</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Finance, Insurance, and Real Estate</li> </ul>	
4. The name and address to which future correspondence should be addressed: <u>3278 W Lone</u> Mountain Trail Rathdrum ID 83858	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment COPY is (if other than # 4 above).</li> </ol>	
Signature:	Secretary of State use only
Printed Name: Frank Havilik Capacity/Title: Owner Signature: The Printed Name: Bridget Havilik	IDAHO SECRETARY OF STATE 03/16/2015 05:00 CK:3559 CT:307652 RH:14661 16 25.00 = 25.00 ASSUM NAME
Capacity/Title:	D177552