9/21/2012



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. 2015 JUN -9 AM 11: 03

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

SECHLIARY OF STATE STATE OF IDAHO

| The assumed business name which the und business is: | ersigned use(s) in the transaction of |
|---|--|
| T-extrecks ink | |
| 2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Resecce Halpsen | of the entity or individual(s) doing Complete Address GOT W. CAGNEY DV. |
| The general type of business transacted und | er the assumed business name in: |
| | and Public Utilities Submit Certificate of |
| Finance, Insurance, and Real Estate | Assumed Business Name and \$25.00 fee to: |
| 4. The name and address to which future correspondence should be addressed: Reflecy Hansen 997 W. Cayney Dr. Memory of the control of the | Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above): | |
| Dublingie Cox les is Co | Secretary of State use only |
| Printed Name: REFELLA HUNGEN Capacity/Title: UN NEY Signature: | IDAHO SECRETARY OF STATE 06/09/2015 05:00 CK:2298 CT:311187 BH:1479131 10 25.00 = 25.00 ASSUM NAME #. |
| Printed Name: | N 1 |
| rapaoity, mie. | 1)179623 |

abn.pmd Rev. 07/2010