S



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.

Please type or print legibly.

2014 JUN 25 PH 12: 04

SECRETARY OF STATE STATE OF IDAHO

Instructions are included on back of application. 1. The assumed business name which the undersigned use(s) in the transaction of

2. The true name(s) and <u>business</u> address business under the assumed business name Name Trais Tray	
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Travis Gray 896 w. Anton Dr. Mendian, 10 83696	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
o. Name and address for this acknowledgn copy is (if other than # 4 above):	nent
ted Name: Travis Gray	Secretary of State use only IDAHO SECRETARY OF STATE 06/25/2014 05:00

CK:2004156 CT:172099 BH:1430692 1@ 25.00 = 25.00 **ASSUM NAME** #2

172179

Capacity/Title: Owner