CERTIFICATE OF



Capacity/Title: Owner

Capacity/Title:___

Signature:

Printed Name: _____

ASSUMED BUSINESS NAME 11 A R -8 PM 4:21

Pursuant to Section 53-504, Idaho Code, the undersigned Pursuant to Section 53-504, idano Code, the underlighted submits for filling a certificate of Assumed Business NameSECRI STATE OF IDAHO

Places type or print legibly.

STATE OF IDAHO

Instructions are included on back of application.

	(es) of the entity or individual(s) doing
business under the assumed business n Name	iame: <u>Complete Address</u>
Morgado LLC	20996 Summers Road, Culdesac ID 83524
W102177	20990 Summers Road, Cuidesatt ID 63524
. The general type of business transacted	under the assumed business name is:
	ion and Public Utilities
Wholesale Trade Construction	
☐ Services ☐ Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
☐ Finance, Insurance, and Real Esta	Name and \$25.00 fee to:
. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
J&M Co LLC	PO Box 83720
20996 Summers Road, Culdesac ID 83524	Boise ID 83720-0080 208 334-2301
. Name and address for this acknowledgm	nent
COPY IS (if other than # 4 above):	
	Secretary of State use only

IDAHO SECRETARY OF STATE

44/08/2011 05:00

CK: 1269 CT: 257579 BH: 1268433

1 0 25.00 = 25.00 ASSUM NAME # 2

D146653