

CERTIFICATE OF **ASSUMED BUSINESS NAME**

2014 AUG 20 AM 9: 05

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. Instructions are included on back of application.

2. The true name(s) and <u>business</u> addres business under the assumed business	
<u>Name</u>	Complete Address
Destry J Locascio	590 N Bellin Rd, Idaho Falls, Id. 83402
3. The general type of business transacte	ed under the assumed business name is:
	ation and Public Utilities
Wholesale Trade Construc	
Services Agricultur	re Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Es	
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
Knockout Tan Idaho	PO Box 83720
Owner - Destry Locascio	Boise ID 83720-0080 - 208 334-2301
590 N Bellin Rd, Idaho Falls, Id. 83402	200 007 2001
5. Name and address for this acknowledge	gment
COPY is (if other than # 4 above):	-
	<u>_</u>
	Secretary of State use only
gnature: Dadasal O	
inted Name: Destry J Locascio	T IDAHO SECRETARY OF STATE
	— 08/20/2014 05:00
apacity/Title: <u>Owner</u>	CK:8110 CT:122671 BH:143

10 25.00 = 25.00 ASSUM NAME #2

D173267

Signature:

Printed Name: _____

Capacity/Title:___