

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 DCT 26 AM 8- 30

SECRETARY OF STATE STATE OF IDAHO

	Fresh and	So Clar) nea use(s) in th	e transaction of busine	SS IS:
2. The individu the assume	al and/or entity nai d business name (mes and business (do <u>not</u> include the nar	address(es) of the address and	those doing business ui :	nder
John A. Ag	uilar 4	45 Fall Creek Rd. I	Naples, ID 8384	7	
(Name)	`	Address)			
Hsiao-Ju S (Name)		45 Fall Creek Rd. I	Naples, ID 8384	7	
(Name)	(/	Address)	10410		
(Name)	{ <i>F</i>	Address)			
3. The general	type of business tr	ransacted under th	ne assumed bus	iness name is:	
Retail Tr	rade ale Trade	Construction Agriculture Manufacturing	☐ Trai	nsportation and Public thing ance, Insurance, and Re	
4. Mailing addr	ess for future corre	espondence:	5. Name and copy is (if of	address for this acknow	wledgment
John A. Agu	ilar		·		
(Name) 45 Fall Cree	k Rd.		(Name)		
(Address) Naples, ID 8	3847		(Address)		
(City)	(State)	(Zipcode)	(City)	(State)	(Zipcode)
Printed Name: J	ohn A. Aguilar			Secretary of State use only	
Signature:	m Oges	ille		,	
Printed Name: Hsiao-Ju Smith				10/26/2017 05	·····
Signature:				87877775 CT:158010 25.00 = 25.00 ASSU	BH:1609226
Printed Name: _				6 –	
Signature [.]		-		197953	

Rev. 08/2015