

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

FILED EFFECTIVE

07 AUG 16 AM 8: 45

SECRETARY OF STATE

STATE OF IDAHO

D114235

The assumed business name which the undersigned business is: ALPACA DREAM RA	
. The true name(s) and business address(es) of the e business under the assumed business name: Name **ROBERT E. THOMASON 1650**	Complete Address E. 11 th WESER, 20, 836,
. The general type of business transacted under the a	
 ☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Services ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: ROBERT E. THOMASON (650 E. 11 th WEISER, IDAHO 8367)	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 308-549-337/
20 CO 1	Secretary of State use only
nature: Robert & Thomason grant and Name: Robert E. Thomason	IDAHO SECRETARY OF STATE 68/16/2007 05:00