

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2015 APR -7 PM 4: 36

SECRETARY OF STATE STATE OF IDAHO

FILED EFFECTIVE

Please type or print legibly. Instructions are included on back of application.

business under the assumed busin	dress(es) of the entity or individual(s) doing ess name:
<u>Name</u>	Complete Address
Multicultural Solutions LLC	P.O. Box 131, Emmett, ID 83617
(W144909)	
· · · · · · · · · · · · · · · · · · ·	acted under the assumed business name is:
	portation and Public Utilities
	truction
Services Agrico	
Manufacturing Mining	g Submit Certificate of Assumed Business
Finance, Insurance, and Rea	
The name and address to which fut	turo l
correspondence should be address	. Occircially of Glate
correspondence should be address	sed: 450 North 4th Street PO Box 83720
P.O. Box , Emmett, ID 83617	Boise ID 83720-0080
/31	208 334-2301
Name and address for this acknow	ledgment
COPY IS (if other than # 4 above):	
	·
	Secretary of State use only

04/07/2015 05:00

CK: 2732430 CT: 172099 BH: 1469850 16 25.00 = 25.00 ASSUM NAME #2

178146

Signature: _

Printed Name:

Capacity/Title:

Capacity/Title: Managing Director