

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2013 SEP -4 AM 8: 49

Please type or print legibly.

OFFICE CLASS OF STATE

instructions are included on back of app	ilication. STATE OF IDAHO
The assumed business name which the undoposition business is: Anthony Ineck Tr	dersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Shawna M. TnecK	
3. The general type of business transacted unline Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: SAME	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	t
Signature: Chause W. Ireel	Secretary of State use only
Printed Name: Shawna M. Ineck	
Capacity/Title: Owner	THANKS SPANSTARY OF STATE
Signature:	IDAHO SECRETARY OF STATE 09/04/2013 05:00 CV. 19826 CT. 287145 RH: 1388652
Printed Name:	1 @ 25.00 = 25.00 ASSUN NAME # 2

abn.pmd Rev. 07/2010

Capacity/Title:__