CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

12 JUN -7 PM 1:43

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

Benior	n Marketing Group
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> Clifford E. Benion	
	ed under the assumed business name is: ation and Public Utilities tion
Services Agricultur Manufacturing Mining Finance, Insurance, and Real Es	Submit Certificate of Assumed Business
 The name and address to which future correspondence should be addressed: Clifford Benion 	450 North 4th Street PO Box 83720
957 Sherwood St Apt 301D Boise, ID 83706	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledg copy is (if other than # 4 above):	gment
715 0	Secretary of State use only
gnature. Clifford Benjon	
nted Name: Clifford Benion pacity/Title: Owner	
gnature:	IDAHO SECRETARY OF STATE
nted Name:	96/97/2012 95:99 CK: 58968197289 CT: 158818 BH: 132
apacity/Title:	1 0 25.00 = 25.00 ASSUM NAME #

abn.pmd Rev.07/2010

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