

CERTIFICATE OF Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Pursuant Pu

11 NOV 17 AM 9: 00

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

SECRETARY OF STATE
STATE OF IDATIO

		STATE OF THE	
1.	 The assumed business name which the undersigned use(s) in the transaction of 		
	business is:	bean	
	Craty Cred	<u> </u>	
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2.	The true name(s) and <u>business</u> address(es)	· · · · · · · · · · · · · · · · · · ·	
	business under the assumed business name Name	: Complete Address	
	Michael Calaine	1	
	11131 MI SUNKIS	15 W. Carbonate st	
		ttall 11	
		82522	
3.	The general type of business transacted und	ler the assumed business name is:	
		and Public Utilities	
	☐ Wholesale Trade ☐ Construction		
	Services Agriculture		
	Manufacturing Mining	Submit Certificate of	
	Finance, Insurance, and Real Estate	Assumed Business	
		Name and \$25.00 fee to:	
4.	The name and address to which future	Secretary of State	
	correspondence should be addressed:	450 North 4th Street	
	KILIZATI ZCHAZ	PO Box 83720 Boise ID 83720-0080	
	15 W. Car birrete st.	208 334-2301	
	Harly 11 83333		
5.	Name and address for this acknowledgment		
	COPY IS (if other than # 4 above).		
	A A A	Secretary of State use only	
Signa	ature: Knotal Selv		
	ed Name: Kristal Schiers		
	icity/Title: Dwrer		
_			
	ed Name:	IDAHO SECRETARY OF STATE	
Capa	city/Title:	11/17/2011 05:00 CK: 187 CT: 264233 BH: 1298475	
	abn.pmd Rev.07/201		

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