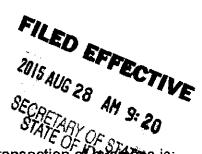


Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.



Filing fee: \$25	5.00.	SECRETAR STAFTAR	AM 9:20
1. The assumed business n	ame which the undersigned	d use(s) in the transaction	ESF on
	ty names and business add	` '	usiness under
Ashlee Sirvek	921 Main St.	Buhl (City)	ID 83316 (State) (Ziccode)
(Name)	(Address)	(City)	(State) (Zincode)
(Name)	(Address)	(City)	(State) (Zipcode)
(Name)	(Address)	Oly,	(State) (Ziptivile)
Services 4. Mailing address for future	Manufacturing e correspondence:	Finance, Insuran Finance, Insuran Name and address for toopy is (if other than # 4):	ce, and Real Estate
PO Box 252	<u> </u>	Name)	
(Address)	D 83816	Address)	(State) (Zipcode)
Printed Name	Sirvet 1	Secretary of Sta	ite use only
Signature: While (Signature)		10AHO SECRETARY OF STATE 08/28/2015 05:00	
Signature: 15 MW	Crucek		3967 BH:1490046 DO ASSUM NAME #2
ACNI 10	dinicok	•	

Rev. 06/2015

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