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	CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bu <u>Please type or print legibly.</u> Instructions are included on back of appl	e undersigned usiness Name. SECRETARY OF STATE STATE OF IDAHO
1.	The assumed business name which the und business is: Bowman Funeral Home	dersigned use(s) in the transaction of
2.	The true name(s) and <u>business</u> address(es) business under the assumed business nam <u>Name</u> Bowman Funeral Parlor, Ltd. <u>C 154121</u>	•
3.	The general type of business transacted un 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: Bowman Funeral Parlor, Ltd. 10254 W. Carlton Bay Garden City, ID 83714	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): Todd Winegar 225 N. 9th Street, Ste. 820	ht
Printe Capa Signa Printe	Boise, J0/83702 Ature: MMMM Add Name: Gary D. Bowman, President Acity/Title: Bowman Funeral Parlor, Ltd. Ature:	Secretary of State use only DT4757 IDAHO SECRETARY OF STATE 11/05/2014 05:00 CK:70739 CT:67242 BH:1448096 10 25.00 = 25.00 ASSUM NAME #

abn.pmd Rev. 07/2010