

Capacity/Title:\_\_\_\_ UWN ex

Printed Name: \_\_\_\_\_

Signature:

Capacity/Title:\_

## 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 2013 DEC 19 AM 9: 10

## <u>Please type or print legibly.</u> <u>Instructions are included on back of application.</u>

1. The assumed business name which the undersigned use(s) in the transaction of business is: Epic Designs DLivers 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Mark 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture ✓ Services Submit Certificate of Manufacturing Mining **Assumed Business** Finance, Insurance, and Real Estate 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 PO Box 83720 Boise ID 83720-0080 Divers 208 334-2301 Kathdrum 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). Secretary of State use only Signature: Printed Name: 7am,

D 167663

IDAHO SECRETARY OF STATE