

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

2013 JAN -7 PM 4: 25

Pursuant to Section 53-504, Idaho Code, the undersigned
submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Sturtos

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Glenn L.L.C.

(W119341)

P.O. Box 5300, Ketchum, ID, 83340

Olin Glenn

340 North Main Street, Ketchum, ID, 83340

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Olin Glenn

P.O. Box 5300, Ketchum, ID, 83340

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Hogue & Dunlap, L.L.P.

P.O. Box 460

Halley, ID 83333

Signature: *Olin Glenn*

Printed Name: Olin Glenn

Capacity/Title: Manager

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/08/2013 05:00
CK: 1247779 CT: 172899 BH: 1354722
1 @ 25.00 = 25.00 ASSUM NAME # 2

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