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

11 JUL 28 AM 11:53

STATE OF STATE

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

Phe	otos By Kristina
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> Kristina Morgan	
☐ Wholesale Trade ☐ Construct	ation and Public Utilities ion
✓ Services	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Kristina Morgan 16433 Midland Blvd #73 Nampa, Idaho 83687	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledg copy is (if other than # 4 above):	ment
	Secretary of State use only
gnature: / Kristing Marrow	
nted Name: Kristina Morgan pacity/Title: Owner	-
nature:	_
nted Name:	- IDAHO SECRETARY OF STATE 87/28/2011 95:00
apacity/Title:	— CK: 2144 CT: 261059 BH: 12843 1 9 25.00 = 25.00 ASSUM NAME

D149172