

CERTIFICATE OF **ASSUMED BUSINESS NAME** Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

submits for filing a certificate of Assumed Business Name. Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

1. The assumed business name which the undersign business is: Thyme Cuten ng	ned use(s) in the transaction of
The true name(s) and business address(es) of the business under the assumed business name:	and the second s
Name	Complete Address
- Knotin Trevino	114 Oakwood Street
LUKE Trevino	Burley, ld 83318
3. The general type of business transacted under the	
 Wholesale Trade ☐ Construction Services ☐ Agriculture Manufacturing ☐ Mining Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208 · 438 · 5/05 208 · 3/2 · 3958
	Secretary of State use only
Signature: Linsty Jum 7	
Printed Name: Knistin Trenno	IDAHO SECRETARY OF STATE
Signature: Anstro Jump Printed Name: Kristin Traino Capacity/Title: Owner	04/17/2007 05:00 CX: 1397 CY: 212252 BH: 1847564 1 0 25:08 = 25:08 ASSUM MANE # 2

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