Printed Name: 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. 2012 JUN 28 AM 9: 09 SEC OF OF STATE

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

		NSP
2.	The true name(s) and <u>business</u> address(e business under the assumed business name Name Brittney Pollard	
3.	The general type of business transacted u Retail Trade Transportatio Wholesale Trade Construction Services Agriculture	ion and Public Utilities on
	☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4.	The name and address to which future correspondence should be addressed: Brittney Pollard	Secretary of State 450 North 4th Street PO Box 83720
	2895 S. Harmony Avenue Boise, ID 83706	Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	nent
		Secretary of State use only
_	ture:	-
	ed Name: Brittney Pollard	-
•	city/Title: Owner ture: Brittmen Polland	
_	ad Name:	96/28/2912 95

IDAHO SECRETARY OF STATE 06/28/2012 05:00 CK: 1938 CT: 271893 BH: 1338119 1 8 25.88 = 25.88 ASSUM NAME # 2

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