Signature:\_

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00

2018 FEB -5 AM 10: 30

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The individual and/or entit	v names and business	address(es) of the	ose doina business ui	nder	
the assumed business na					
Melissa Cheney	1605 Grandview Dr N spc 53 Twin Falls, ID 83301				
(Name)	(Address)				
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Mailing address for future	correspondence:	5. Name and a copy is (if other	ddress for this acknow	<b>wie</b> dgment	
Melissa Cheney		,,	•		
(Name)		(Name)			
1605 Grandview Dr N spo	53	· · · · · · · · · · · · · · · · · · ·		·	
(Address) Twin Falls ID 83301		(Address)			
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nted Name: Melissa Chene	<b>:</b> y		Recretary of State use only	<u></u>	
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