

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 2014 JUL 29 AM 8: 27

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

Printed Name: _____

Capacity/Title:_____

instructio	ns are included on back of app	Mication.	SECHETARY OF STATE
business is:	d business name which the un	idersigne	d use(s)/in the transaction of
	ne(s) and <u>business</u> address(es ler the assumed business nan <u>Name</u> pel	ne:	entity or individual(s) doing <u>Complete Address</u> Rustica Dr Boise, ID 83709
Retail Whole Service Manufa	sale Trade Construction	n and Pul	
	a Dr	·	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and accopy is (if other	ddress for this acknowledgme than # 4 above):	nt	
- DOD.	(1)		Secretary of State use only
Printed Name: Rebecca A. Noel Capacity/Title: Owner/Doula Signature:			IDAHO SECRETARY OF STATE 07/29/2014 05:00 CK:530 CT:158010 BH:1435102 16 25.00 = 25.00 ASSUM NAME #
Signature: Rebe Printed Name: Owner	ecca A. Noel		IDAHO SECRETARY OF STATE 07/29/2014 05:00 CK:530 CT:158010 BH:143510