

Signature:

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code. 2017 APR 10 AM 10: 38 Filing fee: \$25.00. 1. The assumed business name which the undersigned use(s) in the transaction of business DOLUTIONS DE JOAHO 2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1): 591 N. STEPHANIE ST. POST FALLS, ID 83854 591 N. STEPHANE ST. POST FAILS, IN 83854 (Name) (Address) (Name) (Address) 3. The general type of business transacted under the assumed business name is: Retail Trade Construction Transportation and Public Utilities Wholesale Trade Agriculture **Mining** Services Manufacturing Finance, Insurance, and Real Estate 4. Mailing address for future correspondence: 5. Name and address for this acknowledgment CODY IS (if other than #4): (Name) STEPHANIE ST (Address) (City) (State) (Zipcode) Printed Name: Secretary of State use only <del>S</del>ignature Printed Name: IDAHO SECRETARY OF STATE 04/10/2017 05:00 Signature:/ CK:5730 CT:337735 BH:1578357 Printed Name:

Rev 08/2015

1@ 25.00 = 25.00 ASSUM NAME #2