

Capacity/Title: Counced

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

092949

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name  $05\ 007\ 24$  PM 3: 36

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRE AND OF STATE STATE OF IDAHO

	SIFILE CO IDEATO
1. The assumed business name which the undersig	ned use(s) in the transaction of
business is:	
TASTY TREATS	
2. The true name(s) and <u>business</u> address(es) of th	e entity or individual(s) doing
business under the assumed business name:	
Name	Complete Address
<del></del>	·
GREGORY L. TAylor HCT	5 Box SIB ROOSKIR, + D 8233
	d by singer name in
<ol><li>The general type of business transacted under the</li></ol>	ne assumed dusiness name is:
Transportation and	Public I Itilities
A Totali Hade	I UDIIC Otilitics
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
	Name and \$25.00 fee to:
☐ Finance, Insurance, and Real Estate	
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
	Basement West
G.L. Taylor	PO Box 83720
4075 Box 31 B	Boise ID 83720-0080
	208 334-2301
Kooskin, Idaho 83539	
5. Name and address for this acknowledgment	Phone number (optional):
COPY is (if other than # 4 above):	4400
	Secretary of State use only
58	
nted Name: (3, 6, 7 My lon)	2
nature: Segnature received	IDAHO SECRETARY OF STATE  10/25/2005 05:00  CK: CASH CT: 158010 BH: 91873  1 P 25.00 = 25.00 ASSUM NAME:
nted Name: (3, 6, Thu long	10/25/2005 05:00
nted Name:   May lon	© CK: CASH CT: 158010 BH: 91873 P