CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned US 11 AM 8: 54 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

First Impressions	
The true name(s) and business address(es) business under the assumed business nam	e:
Name	Complete Address
Leah Anderson	3401 Shady Glen, Idaho Falls, ID 83404
The general type of business transacted un	der the assumed business name is:
	and Public Utilities
Services Agriculture	0.1
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
First Impressions	PO Box 83720
3401 Shady Glen	Boise ID 83720-0080
Idaho Falls, ID 83404	208 334-2301
 Name and address for this acknowledgme 	ent Phone number (optional):
COPY IS (if other than # 4 above):	208-403-6470
	Secretary of State use only
	g g
eature: Hull Auduston (signature required)	TINANO SECRETARY OF ST
ted Name: Leah Anderson	Revised 04/2003
	ž 2
acity/Title:Owner	ੈ IDAHO SECRETARY OF S

CK: 1037 CT: 158818 BH: 905545 1 9 25.00 = 25.00 ASSUM NAME # 2