Printed Name: Cheru

Capacity: Sole Proprietor

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse) To the SECRETARY OF STATE, STATE OF IDAMO Pursuant to Section 53-504, Idaho Code, the undersigned 5		SINESS NAME
	To the SECRETARY OF STATE, STATE OF IDAM Pursuant to Section 53-504, Idaho Code, the gives notice of adoption of an Assumed Busin	
1.	The assumed business name which the undersigned us business is: Transformations	e(s) in the gransaction of
2.	The true name(s) and business address(es) of the entity business under the assumed business name is/are:	or individual(s) doing
	Chery 1 L. Stewart (P.O. Box 253) Wailing = Laclede ID 83841	
	Location = 502 Churc	h St., Sandpoint ID 83864
3.	(mark only those that apply)	
	☐ Wholesale Trade ☐ Agriculture ☐ Fin	insportation and Public Utilities ance, Insurance, and Real Estate ning
4. The name and address to which future correspondence should be addressed:		r (optional): <u>208 - 255 · 4290</u>
	Cheryl L. Stewart P.O. Box 253	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgment copy is (if other than #4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720
		Boise ID 83720-0080 208 334-2301 Secretary of State use only
	Revision 12/99	Secretary of State use offly
Signatu	ire: Chengled Stewart	TRAIN OFFICE AND OF STATE

-- IDAHO SECRETARY OF STATE

03/27/2002 05=00

CK: 2343 CT: 158810 BH: 455896
1 0 20.00 = 20.00 ASSUM NAME # 2

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