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CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME Bursuant to Section 53-504, Idaho Codo, the understanding SFP - 6, PRI2: 51	
Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name, and ANT OF STAR	
Please type or print legibly. STATE OF IDAHO	
NOTE: See instructions on reverse before filing.	
 The assumed business name which the unc business is: <u>Simply SUn</u> 	lersigned use(s) in the transaction of
 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: 	
Name Melissa Ackerland	Complete Address 11588 W FairView SAVE. Suite 110
	Boise 10 83713
The general type of business transacted under the assumed business name is:	
Retail Trade Transportation	and Public Utilities
Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
 The name and address to which future correspondence should be addressed: 	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
	(208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
Signature: Malina Cofcilonal	DIN823
Printed Name: <u>Melissa</u> <u>Ackertant</u> Capacity/Title: <u>OWNER</u> (see instruction # 8 on back of form)	IDANO SECRETARY OF STATE 09/06/2007 05:00 CK: 395 CT: 217255 BH: 1074319 1 2 25.00 1 2 25.00 ASSUM NAME # 2