227



## **CERTIFICATE OF ASSUMED BUSINESS NAME**

**FILED EFFECTIVE** 

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2015 OCT 23 PM 4: 39

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is: The Cowboy Haven

	The cowboy haven					
					·	
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):					
	Full House, LLP	50 North Spruce, Bl				
	(Name) 1159	(Address)			***	
	(Name)	(Address)				
	(Name)	(Address)			····	
	(Name)	(Address)				
3.	The general type of business transacted under the assumed business name is:					
	☐ Retail Trade ☐ Wholesale Trade ☒ Services	<ul><li>Construction</li><li>Agriculture</li><li>Manufacturing</li></ul>	☐ Trans	sportation and Public Util		
4.	Mailing address for future  Corina Moran Kremer  (Name)	correspondence:	5. Name and a copy is (if other (Name)	iddress for this acknowle	dgment	
	PO Box 714		(Marrie)			
	(Address) Blackfoot Idaho 83221		(Address)			
	(City)	(State) (Zipcode)	(City)	(State)	(Zipcode)	
Printed Name: ORINA M- Krema				Secretary of State use only		
Sig	nature. Duat	none Frem				
Printed Name:				IDAHO SECRETARY OF STATE 18/26/2015 05:00		
Signature:				CK:3311128 CT:172099 BH:1497623 16 25.00 = 25.00 ASSUM NAME #2		
Prir	nted Name:				•• ••••	
Signature:				N182193		

Rev. 08/2015

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