

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

11 OCT 24 AM 9: 25

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

1. The assumed business name which the undersign	ed use(s) in the transaction of
business is: Simply Toled	
Olimpid Tota	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Ellen N. Harkness 139	Complete Address
Pos	t talls, 1d 83854
3. The general type of business transacted under the	
Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture	ublic Utilities
	Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Ellen N. Harkness 13983 W. Stone Ave. Foot Falls, Id 83854	Secretary of State 450 North 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):	
<u></u>	Secretary of State use only
Signature: Elen Harkness	
Printed Name: Ellen N. Harkness	
Capacity/Title: OWINEY	IDAHO SECRETARY OF STATE
Signature:	10/24/2011 05:00 CK: 1167 CT: 158010 BH: 1295270
Printed Name:	1 8 25.00 = 25.00 ASSUM NAME # 2
Canacity/Title:	

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