

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2013 JUN 10 PM 4: 00

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

SECRETARY OF STATE STATE OF IDAHO

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mstructions are included on back of app	IICATION. STATE OF IDAMO
The assumed business name which the und business is:	
OLD SALT DESIGNS	S & PRESS
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name  CHECKOHER WORK  ANDREA CHERONS	
3. The general type of business transacted un  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	sider the assumed business name is: and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  610 SALT DESIGNS B VIOLET NO. HOUSED ST.  ROSE ID 83700	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	ıt
A	Secretary of State use only
Signature:	
Printed Name: CHRISTOPHER WOOPE	
Capacity/Title: Signature:	IDAHO SECRETARY OF STATE
Signature: Printed Name:	CK: 1434868 CT: 172899 BH: 1377489 1 @ 25.88 = 25.88 ASSUM NAME # 2
Capacity/Title:	
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