

Capacity/Title:

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

12 JAN 17 AM 9: 11

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

business is: BABE O	ON A BUDGET
The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> SHERRI BEACH	
3. The general type of business transacted of Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	on and Public Utilities Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: SHERRI BEACH 3001 N. LOCHSA AVE MERIDIAN, ID 83646	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
Signature: Sturing & Reach	Secretary of State use only
Printed Name: Sherri L. Beach	
Capacity/Title: Owner I poor to	. IDAHO SECRETARY OF STATE
Signature: <u>Struct & Kalach.</u> Printed Name:	O1/17/2012 05:00 CK: 1074792 CT: 158010 BH: 1306105 1 0 25.00 = 25.00 ASSUM NAME # 2

abn.pmd Rev. 07/2010

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