FILED EFFECTIVE



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.

2012 APR 15 PM 9: 06

SECRETARY OF STAFE STAFE OF BLAND

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

Fax Services

| P} | ne Street Bakery |
|--|---|
| The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> Inversion LLC | ss(es) of the entity or individual(s) doing s name: <u>Complete Address</u> 603 Mackies Way, Sandpoint, ID 83864 |
| (W 101599) | |
| | ed under the assumed business name is: |
| ✓ Retail Trade ✓ Wholesale Trade ✓ Construct ✓ Services ✓ Manufacturing ✓ Mining ✓ Finance, Insurance, and Real Estate | Submit Certificate of |
| The name and address to which future correspondence should be addressed: Pine Street Bakery | Secretary of State |
| 710 Pine Street, Sandpoint, ID 83864 | - 208 334-2301 |
| Name and address for this acknowledge CODY is (if other than # 4 above): Maria Corsini 1099 Mountain View Dr., Sandpoint, ID 83864 | <u></u> |
| | Secretary of State use only |
| nature: MANA COGIA, pacity/Title: WOLM by | <u> </u> |
| nature: | |
| nted Name: | IDAHO SECRETARY OF STATE |

O4/16/2012 05:00 CK: 963678 CT: 172099 BH: 1319829 1 0 25.00 = 25.00 ASSUM MAME 1 2