

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

11 MAY -2 PM 12: 17

FILED EFFECTIVE

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

STATE OF IDAHO

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

| | Family Tree | Photograph | у |
|--------|--|--|--|
| 2. | The true name(s) and <u>business</u> address(es business under the assumed business nam Name Lindsey Schwendiman |) of the entity or individual(s) doing ne: <u>Complete Address</u> 299 E. Ryegate Drive, Meridian, ID 83646 | |
| 3. | The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining | | |
| | Finance, Insurance, and Real Estate | | Assumed Business Name and \$25.00 fee to: |
| 4. | he name and address to which future orrespondence should be addressed: ndsey Schwendiman | | Secretary of State 450 North 4th Street PO Box 83720 |
| | 299 E. Ryegate Drive Meridian, ID 83646 | | Boise ID 83720-0080 208 334-2301 |
| 5. | Name and address for this acknowledgmen copy is (if other than # 4 above): | t | |
| Signa | ture: | | Secretary of State use only |
| Printe | d Name: Lindsey Schwendiman | | |
| Capa | city/Title: Owner | | |
| Signa | ture: | | IDAHO SECRETARY OF STATE |
| Printe | d Name: | | 05/02/2011 05:00 CK: CASH CT: 158610 BH: 1271814 |
| Canad | citv/Title· | | 1 8 25.88 = 25.86 ASSUM NAME # 2 |

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