



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2015 JUL 20 AM 9:58

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

14x bags

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Kimberly Stoddard
(Name)
334 N. 1st Ave Suite 209 Sandpoint ID 83864
(Address) (City) (State) (Zipcode)

(Name)

(Address) (City) (State) (Zipcode)

(Name)

(Address) (City) (State) (Zipcode)

3. The general type of business transacted under the assumed business name is:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Kimberly Stoddard
(Name)
PO Box 2307
(Address)
Sandpoint ID 83864
(City) (State) (Zipcode)

5. Name and address for this acknowledgment copy is (if other than #4):

(Name)
(Address)
(City)

Printed Name: Kimberly Stoddard

Signature: *[Signature]*

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only.

IDAHO SECRETARY OF STATE

07/21/2015 05:00

CK:2191 CT:312597 BH:1484678
1@ 25.00 = 25.00 ASSUM NAME #2

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