

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

2017 DEC 22 PM 2: 11

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

SECRETARY OF STATE STATE OF IDAHO

	STATE OF IDAHO
 The assumed business name whi 	ch the undersigned use(s) in the transaction of business is:
Laughler NO	ullabies
- angitter in ci	ariables
2. The individual and/or entity names	s and business address(es) of those doing business under
the assumed business name (do r	not include the name you listed in #1):
Sava Cuevae 100	00 W. Overland Rd. Poise, ID 83709
(Name) (Addre	955)
(Name) (Addre	
(Name) (Addre	······································
(Name) (Addre	ess)
(Name) (Addre	ss)
3. The general type of business trans	sacted under the assumed business name is:
Retail Trade	
Wholesale Trade	Agriculture Transportation and Public Utilities Mining
Services	Manufacturing Finance, Insurance, and Real Estate
	Zitation, and recal Estate
4. Mailing address for future correspondence	andonos. E Ni Lucia de la
Manning address for rature correspo	ondence: 5. Name and address for this acknowledgment copy is (if other than # 4):
Sava Gracas	COpy is (ii other than # 4).
(Name)	(Name)
1709 W. Apple Court	
(Address)	(Address)
(1.3D) Y	83651 (Zipcode) (City) (State) (Zipcode)
	(State) (Zipcode)
Printed Name: Sava Grovae	
	Secretary of State use only
Signature:	
Printed Name:	IDAHO SECRETARY OF STATE
	12/22/2017 05:00 CK:15925998 CT:172099 BH:1617842
Signature:	16 25.00 = 25.00 ASSUM NAME #2
Printed Name:	100120

Rev. 08/2015

DIGNIZE