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CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25,00.

FILED EFFECTIVE

2016 NOV -7 PM 3: 47

SECRETARY OF STATE

1.	The assumed business name which the undersigned use(s) in the transaction of business is: REVIVE 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):					
2.						
	Carey Nikolaisons	431 Deerwood Dr., Hailey, ID 83333				
	(Name)	(Address)				
	(Name)	(Address)				
	(Name)	(Address)				
	(Name)	(Address)		<u> </u>		
3.	The general type of business transacted under the assumed business name is:					
	Retail Trade Wholesale Trade Services	Construction Agriculture	Construction Transportation and Public Utilitie			
4.	Mailing address for future	correspondence;	 Name and address for this acknowledgment copy is (if other than #4): 			
	Carey Nikolaisons (Name) PO Box 634 (Address) Hailey ID 83333					
			(Name)			
			(Address)			
	(City)	(State) (Dipcode)	(City)	(State)	(Zipcode)	
Printed Name: Carey Nikolaisons			Secr	Secretary of State use only		
Sign	nature					
Printed Name:			IDAHO SECRETARY OF STATE			
Signature:			11/07/2016 05:00 CK:4340516 CT:172099 BH:1554300			
Printed Name:			16 25.00 = 25.00 ASSUM NAME #2			
Signature:			D190263			

Rev. 08/2015