

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2012 MAY 30 AM 9: 38

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

SECRETAIN OF STATE
STATE OF IDAHO

	STATE OF IDAHO
The assumed business name which the undersigned business is:	,
Every Nook-n-Cra	inny
2. The true name(s) and <u>business</u> address(es) of the elements of the element	ntity or individual(s) doing <u>Complete Address</u> <u>S. Gull Gove Pl. Meridian</u> ID 834
3. The general type of business transacted under the a Retail Trade Transportation and Pub Wholesale Trade Construction	
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Alyssa Bicandi 2196 S. Gull Gove Pl. Menidian, ID 83642	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: Alyssa Y. Bican di	Secretary of State use only
Printed Name: Hyssa K. Bicandi	
Capacity/Title: <u>Dwner/Operator</u>	IDAHO SECRETARY OF STATE 05/30/2012 05:00
Signature:	CK: 4602 CT: 270939 BH: 1326175 1 8 25.00 = 25.00 ASSUM NAME # 2
Printed Name:	T - CO2
Capacity/Title:	1)(5573)