



CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

FILED EFFECTIVE

2012 JUL 30 AM 9:40

SECRETARY OF STATE
STATE OF IDAHO

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

Susan's Premium Baking Mix

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Susan Sweet's Gluten and</u>	<u>64 N 200 E</u>
<u>Sugar Free Bakery, Inc</u>	<u>PO Box 266</u>
<u>888230</u>	<u>Shoshone, ID 83352</u>

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

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Susan Sweet's Gluten &
Sugar Free Bakery
PO Box 266
Shoshone ID 83352

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

Signature: Susan L Sweet

Printed Name: Susan L Sweet

Capacity/Title: Owner / President

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/31/2012 05:00
CK: 2078 CT: 178385 BH: 1334885
1 @ 25.00 = 25.00 ASSUM NAME # 2

D157177