

Capacity/Title:

9/21/2012

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

27	FILED EFFECTIV
CERTIFICAT  ASSUMED BUS  Pursuant to Section 53-504, Idal submits for filing a certificate of or  Please type or print  Instructions are included on ba	INESS NAME ho Code, the undersigned Assumed Business Name. legibly.
The assumed business name whice business is:     Bee's Bikes	ch the undersigned use(s) in the transaction of
The true name(s) and <u>business</u> act business under the assumed business <u>Name</u> Stewart Harris	ddress(es) of the entity or individual(s) doing ness name:  Complete Address  13689 N. 15th E. Idaho Falls, ID 83401
Retail Trade Trans Wholesale Trade Cons	Assumed Business
The name and address to which full correspondence should be address 13689 N. 15th E. Idaho Falls, ID 83401	uture Secretary of State
5. Name and address for this acknown copy is (if other than # 4 above): same	viedgment
Signature: Stewart Harris	Secretary of State use only
Capacity/Title: owner Signature: Printed Name:	IDAHO SECRETARY OF STATE  93/12/2013 05:00  CK: 3341 CT: 213861 BH: 1364244  1 8 25.00 = 25.00 ASSUM NAME # 2

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