

CERTIFICATE OF ASSUMED BUSINESS NAME

2014 FEB 13 AM 9: 20

SECRETARY OF STATE
STATE OF IDAHO

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. The assumed business name which the undersigne

Nutrishop Boise 2. The true name(s) and business address	(as) of the entity or individual(s) doing
The true name(s) and <u>business</u> address business under the assumed business r	` '
<u>Name</u>	Complete Address
Jolicoeur LLC W/3/382	1296 E Observation St Meridian, Idaho 83642
The general type of business transacted	under the assumed business name is:
Wholesale Trade Construction	• • •
☐ Services☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Jolicoeur LLC	Secretary of State 450 North 4th Street PO Box 83720
1296 E Observation St	Boise ID 83720-0080
Meridian, Idaho 83642	208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above).	nent
inature:	_ Secretary of State use only
nted Name Finothy R Jolicoeur	_
pacity/Title: Owner	TRAIN CERRETARY OF STATE
nature: VAvIIII	IDAHO SECRETARY OF STATE 92/13/2614 95:99 CV: 1993 CT: 200055 TM: 44055
nted Name: Victoria J Jolicoeur	CK: 1883 CT: 292955 BH: 1418532 1 0 25.08 = 25.88 ASSUM NAME #
pacity/Title: Owner	-

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