

Capacity/Title: PARTNER

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

SECRETARY DE STATE STATE OF TOARD

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.

2. The true name	s) and <u>business</u> address(e		ntity or individual(s) doing	
	Name		Complete Address	
MARSHA	HIATT	781 F.	720 N. RICHFIELD ID. 83	349
Rose	HIATT Dope	665	Tiger Drive Pick	
Retail Tr	<b>—</b>	on and Pub	ssumed business name is:	
Manufac		e	Submit Certificate of Assumed Business Name and \$25.00 fee to:	
correspondence  781 € 7  MAKSHE	address to which future e should be addressed:  20 (V (MARSH)  H; W+TI) 781E. 3		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and add copy is (If other th	ress for this acknowledgm in # 4 above):	ent		
Slanding	<u> </u>		Secretary of State use only	
Signature: Printed Name: R_o	se Pape			
Capacity/Title:	ATuck	_	IDAHO SECRETARY OF STATE	_
Signature: Md	the Histo	-	O3/19/2012 05:03 CK: 936519 CT: 172999 BH: 13158	97
Printed Name: <u>M</u> A	RSHA HIATT	_	1 8 25.00 = 25.00 ASSUM WAME	п С