227



CERTIFICATE OF FIL ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2014 MAY -9 PH 3: 08

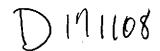
SECRETARY OF STATE STATE OF IDAHO

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

2.	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:			
	<u>Name</u>		Complete Address	
			1 E. 4th Ave. est Falls, ID 83854	
	Bridget Schafer		PO Box 83720	
	401 E. 4th Ave.		Boise ID 83720-0080 208 334-2301	
	Post Falls, ID 83854	L		
	Name and address for this acknowledgme copy is (if other than # 4 above):	nt		

10AHO SECRETARY OF STATE 05/09/2014 05:00

UK:1879844 CT:172099 BH:1424171 16 25.00 = 25.00 ASSUM NAME #2



Capacity/Title: Owner

Capacity/Title:_

Signature:

Printed Name: