

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,

07 SEP 14 AM 8: 46
SECRETARY OF STATE
STATE OF IDAHO

NOTE: See instructions on reverse before	filing.
The assumed business name which the under business is: Arapahse / Cell Food	ersigned use(s) in the transaction of
 Wholesale Trade ☐ Construction Services ☐ Agriculture Manufacturing ☐ Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 447 Shoup Are Shule #200 Llaho Fallo, Llaho 83402 	Complete Address 477 Shows are \$305 Adds falls, \$3502 1130 Juffeson Address Palls Address er the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above): Signature: Again them (signature required) Printed Name: Lydia Strang Capacity/Title: Owner Compared to the compared to th	Secretary of State use only 1DAHO SECRETARY OF STATE 19/14/2007 05:00 CK: 7869 CT: 217518 BH: 1875585 1 8 25.88 = 25.80 ASSUM NAME # 2