

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2016 SEP 15 AM 9: 25

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

	Filling lee. \$25.00.				SECRETARY OF STATE			
1.	The assumed business name which the undersigned use(s) in the transaction of business()s:						ss0 s:	
	Illustrations By Linda							
								
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):							
	Linda Metcalf		4108 Bracken Way, Ammon ID 83406					
	(Name)	(A	(Address)					
	(Name) (Address)							
	(Name) (Address)							
	(Name) (Address)							
3.	The general type Retail Trade Wholesale T Services		ansacted under t Construction Agriculture Manufacturin		☐ Transp ☐ Mining	ortation and Public		
4.	Mailing address for future correspondence:			5.	 Name and address for this acknowledgment copy is (if other than # 4): 			
	Illustrations By L	inda			(Name)			
	4108 Bracken Way				(Name)			
	(Address)				(Address)			
	Ammon	Idaho	83401		(Cit.)	(Otato)	(7in-ode)	
	(City)	(State)	(Zipcode)		(City)	(State)	(Zipcode)	
Pr	inted Name: Linda	Metcalf			S	ecretary of State use only		
Się	Signature: Kunda Mataril				1DAHO SECRETARY OF STATE 09/15/2016 05:00			
Pr	Printed Name:				CK: 3:	79/15/2016 05: 25 CT:80774 BH:1 DO = 25.00 ASSUM	546487	
Si	Signature:					0189192	· manter Ax	
Pr	inted Name:				•	101117		

Rev. 08/2015