## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on FILED/EFFECTIVE) To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned JUN -5 AN 9: 19 gives notice of adoption of an Assumed Business Name.

gives notice of adoption of an 1. The assumed business name which the t	Assumed Business Name.  undersigned use(s) in the transaction practice
<b>A</b>	
ANYTHINGS	POSSIBLE
The true name(s) and business address(e business under the assumed business name).	es) of the entity or individual(s) doing ame is/are:
Name	Complete Address
Sabrina Brannan	14326 S. Carlin Bay Rd
	Harrison Idaho 83833
3. The general type of business transacted ι (mark only those that apply)	under the assumed business name is:
Retail Trade Manufacturir Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
<ol> <li>The name and address to which future properties of the correspondence should be addressed:</li> </ol>	Phone number (optional): 208-689-9691
Sabrina Brannan	Submit Caris
14326 S. Carlin Bay Rd	Submit Certificate of Assumed Business
,	Name and \$20.00 fee to:
Harrison Id. 83833	Secretary of State
<ol><li>Name and address for this acknowledgmen</li></ol>	700 West Jefferson nt Basement West
CODY IS (if other than # 4 above):	PO Box 83720
	Boise ID 83720-0080 208 334-2301
	Secretary of State use only
2	IDAHO SECRETARY OF STATE
Signature: Sabrina Brannan  Printed Name: Sabrina Brannan	96/95/2999 99:99
Printed Name: Salarias B	CK: 2795 CT: 131951 BH: 323558
Capacity: Manager	6 TE FOLDO LOCOLIMENT & C
(see instruction # 8 on back of form)	1 9 20.00 = 20.00 ASSUM NAME # 2