

Printed Name:

Signature:_

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2016 JUL 21 AM 9: 18

| T ming rec. | | SECRETARY OF STATE |
|------------------------------|---|---|
| 1. The assumed busines | ss name which the undersigne | SECRETARY OF STATE ed use(s) in the transmitted from the state of the |
| Bobbie Jean's | | |
| · | | |
| | antity names and hysiness as | Idross(es) of those doing husiness under |
| | entity names and business ac ss name (do <u>not</u> include the name | ddress(es) of those doing business under you listed in #1): |
| Blue Heron LLC | | Middleton, ID 83644 |
| (Name) (W 16790° | (Address) | |
| (Name) | (Address) | |
| (Name) | (Address) | |
| (Name) | (Address) | |
| (14.11.5) | | |
| 3. The general type of b | ousiness transacted under the | |
| ⋉ Retail Trade | Construction | Transportation and Public Utilities |
| Wholesale Trade | e ☐ Agriculture ☐ Manufacturing | |
| Services | Wandidotaning | T mands, mourants, and treat |
| 4. Mailing address for f | uture correspondence: | Name and address for this acknowledgment copy is (if other than # 4): |
| Lois Morris | | |
| (Name) 9380 Blue Heron Di | | (Name) |
| (Address) | | (Address) |
| Middleton, ID 8364 | | (Citv) (State) (Zipcode) |
| (City) | (State) (Zipcode) | (City) (State) (ZIpcode) |
| Printed Name: Lois Mor | iis 🔿 . | Secretary of State use only |
| Printed Name. | X Maria | |
| Signature: | / I V V V | IDAHO SECRETARY OF STATE |
| Printed Name: Jack Mo | orris / | 07/21/2016 05:00 |
| // . | | CK:24133 CT:158010 BH:1538586 |
| Signature: | · V V · Fe | 10 25.00 = 25.00 ASSUM NAME #2 |

Rev. 08/2015

D188056