

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE 2015 JUL 20 AM 9: 56

SECRETARY OF STATE STATE OF IDAHO

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

1,	The assumed business name which the undersign business is: Coldwater fa	•
2.	The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Marcella Rviz 41 Anthony Rviz Am	e entity or individual(s) doing Complete Address 97 Os born 1000 Denical Falls ID 83211
3.	The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4.	The name and address to which future correspondence should be addressed: Tarcella Rviz 4197 Osbogn 1000 HMELican Falls ID 83211	Secretary of State 450 North 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):	Secretary of State use only
Printe Capa	ed Name: Marcella Ruiz city/Title: Owner.	IDAHO SECRETARY OF STATE 07/21/2015 05:00 CK:343165 CT:158010 BH:1484648 10 25:00 = 25:00 ASSUM NAME #2
_	ed Name: Jony Kniz	1) 19/28/

D 180386

Capacity/Title:___