

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 2012 OCT -2 AM 8: 49 submits for filling a certificate of Assumed Business Name.

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

SECRETARY OF STATE
STATE OF DAHO

2. The true name(s) and <u>business</u> addres	ss(es) of the entity or individual(s) doing
business under the assumed business Name	name: Complete Address
Lisa Hinman	1921 S idaho Ave, Caldwell Idaho 83605
Judi Russell	4963 Edison Rd, Marsing Idaho 83639
3. The general type of business transacte Retail Trade Transport Wholesale Trade Services Manufacturing Mining	ation and Public Utilities tion
Finance, Insurance, and Real Es The name and address to which future correspondence should be addressed: Judi Russell 4963 Edison Rd	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
Marsing, Idaho 83639 208 899 7439	208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	gment
0 100	Secretary of State use only
nature: Judi Kusell	
nted Name: <u>Judi Russell</u> pacity/Title: Owner	_

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