

## CERTIFICATE OF ASSUMED BUSINESS NAME

7015 FEB -4 AM N: 4.1

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

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 under business is:	ersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  (W/32774)	
3. The general type of business transacted und  Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	ler the assumed business name is: and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  ANCA COLLINS WORTH  315 S KINGS RD  NAMPA ID 83687	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):	
Signature: The Collinsworth  Printed Name: Anch Collinsworth  Capacity/Title: OWNER  Signature:	Secretary of State use only  IDAHO SECRETARY OF STATE  02/04/2015 05:00  CK:2548454 CT:172099 BH:146023  16 25.00 = 25.00 ASSUM NAME #2

D176537

Printed Name: kse Callinsvort

Capacity/Title: \_\_\_ourer