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## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

The true name(s) and business address(e business under the assumed business nare	s) of the entity or individual(s) doing
Name Katherine Woods	Complete Address 100 mustang Land Rally 10 223
<ul> <li>Wholesale Trade</li> <li>☐ Construction</li> <li>☐ Agriculture</li> <li>☐ Manufacturing</li> <li>☐ Mining</li> </ul>	n and Public Utilities
Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  Katherine Moods  100 mustans Lane Bellevue, 10 833/3	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (frother than # 4 above):	nt Phone number (optional):

Printed Name: Capacity/Title:

(see Instruction # 8 on back of form) .

