Capacity:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504,	Idaho Code, the undersigned
gives notice of adoption of ar  1. The assumed business name which the business is:	Idaho Code, the undersigned Assumed Business Name.  undersigned use(s) in the transaction of
- Whats your Season	
<ol><li>The true name(s) and business address business under the assumed business n</li></ol>	(es) of the entity or individual(s) doing
Debbie Name	P.O. Box 913
	Middleton, IN 83644
The general type of business transacted (mark only those that apply)	under the assumed business name is:
Retail Trade Manufacturi Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Pool Fixed
i and another addlessed:	Phone number (optional). (208) 585-6323
Whats your Season P.O.Box 913 Middleton, ID 83644	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
gnature: Delelie Daris	IDANO SECRETARY OF STATE
inted Name: Debhie DANIS	11/27/2600 69:00 CK: 2417 CT: 138927 BH: 362897

28.00 = 20.00 ASSUM HAME # 2

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