



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Please type or print legibly.

Instructions are included on back of application.

2011 DEC -1 PM 4:51

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Share a Cup of Life

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Stephanie D. Wells

31076 N. Watkins Lane, Spirit Lake, ID 83869

Matt T. Wells

31076 N. Watkins Lane, Spirit Lake, ID 83869

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Share a Cup of Life

31076 N. Watkins Lane

Spirit Lake, ID 83869

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Share a Cup of Life

31076 N. Watkins Lane

Spirit Lake, ID 83869

Signature: Stephanie D. Wells

Printed Name: Stephanie D. Wells

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/01/2011 05:00
CK: 844382 CT: 172099 BH: 1300015
1 @ 25.00 = 25.00 ASSUM NAME # 2

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