## 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. Instructions are included on back of application.



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SECHE MAY OF STATE STATE OF IDAHO

Ro	oyal Bakery
The true name(s) and <u>business</u> address( business under the assumed business n <u>Name</u> Heidi Noel Miller Ream	
3. The general type of business transacted  Retail Trade Transportate  Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	on and Public Utilities  Submit Certificate of  Assumed Business
The name and address to which future correspondence should be addressed:     PO Box 1 Montpelier ID 83254-0001	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	nent
	Secretary of State use only
gnature:	-
nted Name: Heidi Noel Miller Ream  pacity/Title: Sole Proprietor	-
gnature: 4 De O DO MWK	Jan
nted Name:	IDAHO SECRETARY OF STATE U2/U4/2011 05:8
pacity/Title:	- CK: 331 C7: 158616 BH: 12585 1 8 25.66 = 25.86 ASSUM NAME

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