

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

## FILED EFFECTIVE

2017 APR 13 AM 9: 14

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is:  Thank GOODness It's Gluten Free  The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):  Stephanie Wayment  171 Sadona Summit Dr Idaho Falls ID 83404  (Name)  (Address)					
2.						
	(Name)	(Address)				<del></del>
	(Name)	(Address)		I <sub>.</sub>		
	(Name)	(Address)				
<b>3</b> .	Retail Trade Wholesale Trade Services  Mailing address for future  Stephanie Wayment (Name) 171 Sadona Summit Dr (Address) Idaho Falls	☐ Construction☐ Agriculture☐ Manufacturine	g 5. Na co <sub>(Na</sub>	Transportat Mining Finance, Income and addres  py is (if other than #4	ion and Public U surance, and Re s for this acknow	al Estate
Printed Name: Stephanie Wayment  Signature: Printed Name: Signature:				Secretary of State use only  IDAHO SECRETARY OF STATE  04/13/2017 05:00  CK:1219 CT:337905 BH:1578946		
	inted Name:			10 25.00	= 25.00 ASS	UM NAME #2
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