

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

## FILED EFFECTIVE

SECRETARY OF STATE

## Please type or print legibly. Instructions are included on back of application.

1.	The assumed business name which the unbusiness is:  GOURMET WAY	dersigned	d use(s) in the transaction of	
2.	The true name(s) and <u>business</u> address(es business under the assumed business name Name (W147145)  NORTHWEST ZEST WU  TIFFANI ROESLER	10668 N.	ntity or individual(s) doing  Complete Address  LAKEVIEW OR HAYDEN, ID.  LAKEVIEW DR HAYDEN, ID.	
3.	The general type of business transacted until Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining  Finance, Insurance, and Real Estate			
4.	The name and address to which future correspondence should be addressed:  TIFFANI ROESLER  10668 N. LAKEVIEW DR.  HAYDEN ID. 83835		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt		
Signature:			Secretary of State use only  IDAHO SECRETARY OF STATE	
Printed Name: TIFFANI ROESLER		02/23/2015 05:00 CK:114 CT:294004 BH:1462918		
Capacity/Title: OWNER		16 25.00 = 25.00 ASSUM NAME #2		
Signa	ature:	ļ		
Printed Name:			D176991	

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Capacity/Title:\_