Signature:____

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2017 HAY -8 PH 4: 26

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is: BE FREE! NATURAL LIVING					
2.	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);					
	AMANDA FAIRCHILD	6733 SPOKANE ST, BONNERS FERRY ID 83805				
		(Address)				
	(Name)	(Address)				
	(Name)	(Address)				
	(Name)	(Address)	(Address)			
2	The managed town as bounds					
3.	The general type of busine	ess transacted under the Construction	F7		ltilition	
	☐ Wholesale Trade	Agriculture	☐ Minin	portation and Public U g	rundes	
	Services	Manufacturing	Financ	ce, Insurance, and Re	al Estate	
4.	Mailing address for future of	correspondence:	5. Name and accopy is (if other	ddress for this acknow	vledgment	
	AMANDA FAIRCHILD	· · ·				
	6733 SPOKANE ST		(Name)		 	
	(Address) BONNERS FERRY ID 83	1805	(Address)			
		State) (Zipcode)	(City)	(State)	(Zipcode)	
Pr	inted Name: <u>AMANDA FAI</u> F	RCHILD		Sacretary of State use only		
	gnature: 12 Janoh	20				
Printed Name:			IDAHO SECRETARY OF STATE 05/09/2017 05:00			
Signature:			CK: 1336	CK:13366998 CT:172099 BH:1583048 10 25.00 = 25.00 ASSUM NAME #2		
Pri	inted Name:		, .u 20.	uu – zaluu masul	n name 42	

Rev. 06/2015