CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idahó Cod gives notice of adoption of an Assumed	e, the undersigned
 The assumed business name which the urbusiness is: Blend Espresso, Mu 	
2. The true name(s) and business address(est business under the assumed business name Name Name Nathaniel Schierman	s) of the entity or individual(s) doing ne is/are: Complete Address St. Monroe, St. Maries ID 83861
 The general type of business transacted ur (mark only those that apply) 	nder the assumed business name is:
☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
 The name and address to which future P correspondence should be addressed: 	Phone number (optional):
Nathangel Schierman 85 Monroe	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgmer copy is (if other than # 4 above): Bank of America	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
P.O. Box 787 Post Fall 1D 83877 Signature: Math An Charlet	Secretary of State use only
Printed Name: <u>Nathanael Schierman</u>	IDAHO SECRETARY OF STATE 02/20/2002 05:00
Capacity: Owner	CK: 1 CT: 157589 BH: 447115 1 8 20.00 = 20.08 ASSUM NAME # 2
(see instruction # 8 on back of form)) da