

CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 AUG -8 AM 8: 59

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

SEGN AN OF STATE STATE OF IDAHO

The assumed business name which the business is:	undersigned use(s) in the transaction of
Lit	tle Dippers
The true name(s) and <u>business</u> address(business under the assumed business n Name	
Dennis Friend	424 S Pennsylvania Ave Fruitland, ID 83619
Robyn Friend	424 S Pennsylvania Ave Fruitland, ID 83619
Wholesale Trade Construction	ion and Public Utilities on
✓ Services	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Robyn Friend	Secretary of State 450 North 4th Street PO Box 83720
424 S Pennsylvania Ave Fruitland, ID 83619	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above): Same	nent
Signature: Des Recee	Secretary of State use only
Printed Name: Dennis Friend	_
Capacity/Title: Owner	_
Signature:	IDAHO SECRETARY OF STATE 98/08/2011 05:00
Printed Name:	CK: 1212 CT: 158810 RH: 1285764 - 1 0 25.80 = 25.80 ASSUM NAME # 2
Capacity/Title:	D149363

abn.pmd Rev. 07/2010