

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2018 MAR -2 AM 8: 46

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is: North Country Quilts				
					<u>.</u> —
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):				
	Summer Sorenson	PO Box 397 Island Park, ID 83429			
	(Name)	(Address)			
	(Name)	(Address)	,		
(Name) (Address)					
	(Name)	(Address)			·
3.	The general type of business transacted under the assumed business name is:				
	X Retail Trade	Construction	☐ Trans	portation and Public U	Jtilities
	Wholesale Trade	Agriculture	Minin	g	
	Services	Manufacturing	☐ Finan	ce, Insurance, and Re	eal Estate
4.	Mailing address for future Summer Sorenson	correspondence:	5. Name and accopy is (if other	ddress for this acknov	vledgment
	(Name)		(Name)		
	PO Box 397				
	(Address) Island Park, ID 83429		(Address)		
	(City)	(State) (Zipcode)	(City)	(State)	(Zipcode)
Printed Name: Summer Sorenson			Secretary of State use only		
Siç	gnature: 11/11/11/16	rindo			
Printed Name:			IDAHO SECRETARY OF STATE 03/02/2018 05:00		
			CK:12784 CT:192335 BH:1629941		
Signature:				5.00 = 25.00 ASS	
Pri	inted Name:				
Signature:			D200823		

Rev. 08/2015