

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

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SECRETARY OF STATE STATE OF IDAHO

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2. The true name(s) and business address(es business under the assumed business name	) of the entity or individual(s) doing
Name	Complete Address
Stephanie Weed	1407 W. Orchard Buenue. Nampa, 10 831.51
3. The general type of business transacted un	der the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction	and Public Utilities
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
1407 W. Ombard Rve. Nampa, 1083651 Stephanie Weed	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
	(208) 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt
	Secretary of State use only
	590.
nature: Atrobanie 10 eg	IDAHO SECRETARY OF STATE  11/10/2008 05: CK: 5844 CT: 158618 BH: 114
nted Name: Stephanie Weed	IDAHO SECRETARY OF STATE
pacity/Title: Dwo & R	T1/10/2008 05 = CK: 5004 CT: 158010 BH: 114 1 0 25.00 = 25.00 ASSUM NA