

CERTIFICATE OF ASSUMED BUSINESS NAME

rsigned

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

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

FILED EFFECTIVE

11 MAR 14 AM 8:56

SECRETARY OF STATE
STATE OF IDAHO

2. The true name(s) and business address(es) of the	
business under the assumed business name: <u>Name</u>	Complete Address 504 Grover St. Boise, ID 83705
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Green with Envy Yourd Care attn: Anthony Brady 5504 Grover St. Boise, ID 8370	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	
Printed Name: Anthony Robbin Brady Capacity/Title: Owner	Secretary of State use only
Printed Name:	IDANO SECRETARY OF STATE 03/14/2011 05:00 CK: 627650 CT: 172899 BH: 1264807 1 0 25.00 = 25.00 ASSUM NAME # 2
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