227

FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: $25.00.

2017 APR 26 AM 8:49
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

   Revelation Wellness FruitFull Living

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

(Name)	(Address)
FruitFull Living LLC	1936 E Kamay Dr. Meridian ID 83646
Nichole Cooper	1936 E Kamay Dr. Meridian ID 83646

3. The general type of business transacted under the assumed business name is:

- ☐ Retail Trade
- ☐ Wholesale Trade
- ☒ Services
- ☐ Construction
- ☐ Agriculture
- ☐ Manufacturing
- ☐ Transportation and Public Utilities
- ☐ Mining
- ☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

   Nichole Cooper
   (Name)
   1936 E Kamay Dr.
   (Address)
   Meridian ID 83646
   (City) (State) (Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

   (Name)
   (Address)
   (City) (State) (Zipcode)

Printed Name: Nichole Cooper

Signature: [signature]

Printed Name:

Signature:

Printed Name:

Signature:

Rev. 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE
04/26/2017 05:00
CK:3370 CT:338628 BH:1581058
1@ 25.00 = 25.00 ASSUM NAME #2

D194027