

Signature:\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

## **FILED EFFECTIVE**

2016 AUG -1 AM 10: 12

SECRETARY OF STATE STATE OF IDAHO

	STATE OF IDANU
1.	The assumed business name which the undersigned use(s) in the transaction of business is:
	idahodreamina
	100011001 00111111
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):
	Lori Williams PO Box 1846 Ketchum ID 83340
	$\begin{array}{c} \text{(Name)} \\ \text{(Name)} \\ \text{(Name)} \end{array}$
	Robert Williams PO Box 1846 Ketchum, 1D 83340
	(Name) (Address)
	(Name) (Address)
	(Name) (Address)
3.	The general type of business transacted under the assumed business name is:
	Retail Trade Construction Transportation and Public Utilities
	Wholesale Trade Agriculture Mining
	Services Manufacturing Finance, Insurance, and Real Estate
4.	Mailing address for future correspondence:  5. Name and address for this acknowledgment
	copy is (if other than #4):
	(Name) (Name)
	PO Rox 1846
	(Address) (Address)
	<u>Ketchum ID 83340</u>
	(City) (State) (Zipcode) (City) (State) (Zipcode)
	1 . 1 . 11 (.
Pri	nted Name: Secretary of State use only
Sic	gnature: The secretary of STATE
	00/02/2018 05:00
Pri	inted Name: Kobert Williams  CK: 1425 CT: 158010 BH: 1540069 16 25.00 = 25.00 ASSUM NAME #2
Sic	gnature: Material Villian
Pri	nted Name: \\ \) \  \( \) \( \) \  \( \) \  \( \) \  \( \) \  \( \) \  \( \) \  \( \) \  \( \) \  \( \) \  \( \) \  \( \) \  \( \) \  \( \) \  \( \) \  \( \) \  \( \) \  \( \) \  \( \) \  \( \) \\ \( \) \  \( \) \\ \( \) \  \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \\ \( \) \

Rev. 08/2015