

Capacity/Title:___

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2014 OCT 16 AM 9: 05

SECRETARY OF STATE

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

2.	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:			
	<u>Name</u>		Complete Address	
	Emily Goodman PO Box Hayden,		4 2895 n, ld 83835	
3.	The general type of business transacted Retail Trade Transportat Wholesale Trade Construction Services Agriculture Manufacturing Mining	blic Utilities Submit Certificate of		
1	Finance, Insurance, and Real Esta The name and address to which future	ite	Assumed Business Name and \$25.00 fee to:	
-7 .	correspondence should be addressed: Emily Goodman PO Box 2895		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
	Hayden, ID 83835			
5.	Name and address for this acknowledge copy is (if other than # 4 above):	nent		
			Secretary of State use only	
	ature: 4MV	_	IDAKO SECRETARY OF STATE	
⊃rinte	ed Name: Emily Gloodphan	_	10/16/2014 05:00 CK:2294928 CT:172099 BH:144537	
Capa	city/Title:	_	10 25.00 = 25.00 ASSUM NAME #	
	iture:	_		
Printe	Printed Name:		1)114312	
Capa	Capacity/Title:		() (1212	