FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

2015 MAY -6 PM 2:18

SECRETARY OF STATE
STATE OF IDAHO

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.

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

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
Molz INC.	2541 Joshua way / T.F. ID Twin Falls ID 83301
C1160199	

3. The general type of business transacted under the assumed business name is:
   - ☐ Retail Trade
   - ☐ Transportation and Public Utilities
   - ☐ Wholesale Trade
   - ☐ Construction
   - ☒ Services
   - ☐ Agriculture
   - ☐ Manufacturing
   - ☐ Mining
   - ☐ Finance, Insurance, and Real Estate

4. The name and address to which future correspondence should be addressed:
   2541 Joshua way
   Twin Falls ID 83301

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

Submit Certificate of Name and **$25.00** fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: [signature]
Printed Name: Molly Scott-Auth
Capacity/Title: President
Signature: _____
Printed Name: _____
Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/06/2015 05:00
CK:2816076 CT:172099 BH:1474342
1@ 25.00 = 25.00 ASSUM NAME #2

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