



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

11 FEB 14 AM 9:10

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

SECRETARY OF STATE
STATE OF IDAHO

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

Crow Medicine

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

Name

Tara Hoger

Complete Address

116 E 3rd St, #208B, Moscow ID 83843

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

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

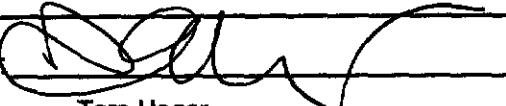
4. The name and address to which future correspondence should be addressed:

Crow Medicine

116 E 3rd St, #208B

Moscow ID 83843

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

Signature: 

Printed Name: Tara Hoger

Capacity/Title: Sole Proprietor

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDaho SECRETARY OF STATE
02/14/2011 05:00
CK: 1030 CT: 255446 BH: 1259777
1 e 25.00 = 25.00 ASSUM NAME # 2

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