FILED EFFECTIVE



Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2016 JUL 14 AM 8: 39

	Filing fee: \$25.00.	
	_	SECRETARY OF STATE
1.	The assumed business name which the undersign	led use(s) in the thatisவிர்யிகிரி ம் usiness is:
	Bue Sate in Sandpoint	
2.	The individual and/or entity names and business a	ddress(es) of those doing business under
	the assumed business name (do not include the name	e you listed in #1):
	2	ordera, ID 83852
	(Name) (Address)	
	Chrystle Honor POB326 (Name) (Address)	Ponderay ID 83852
	<u>-</u>	-
	(Name) (Address)	•
	(Name) (Address)	
3. The general type of business transacted under the assumed business		assumed business name is:
	Retail Trade Construction	☐ Transportation and Public Utilities
	☐ Wholesale Trade ☐ Agriculture	Mining
	⊠ Services	Finance, Insurance, and Real Estate
4.	Mailing address for future correspondence:	5. Name and address for this acknowledgment
		COPY IS (if other than # 4):
	Busate in Sanapoint	
	Busafe in Sandpoint POB 326	(Name)
	(Address)	(Address)
	Ponderay D) 83852 (City) (State) (Zipcode)	(City) (State) (Zipcode)
	(State) (Zipcode)	(City) (State) (Zipcode)
Pri	nted Name: Tim Fry	Socretory of State upo culti
		Secretary of State use only
Sig	gnature:	IDAHO SECRETARY OF STATE
Pri	inted Name: Chrystle Horvath	07/14/2016 05:00 CK:1123 CT:312107 BH:1537469
Sic	gnature: With I Hoal	16 25.00 = 25.00 ASSUM NAME #2
		107080
Pri	nted Name:	017 1700

Rev. 08/2015