

Capacity/Title: legal guardian

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

11 JUL 15 AM 8:52

Please type or print legibly. Instructions are included on back of application. SECTION OF STATE STATE OF IDAHO

A	MS Services
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> Anelyse Michelle Swenson	
	d under the assumed business name is:
✓ Services ☐ Agricultur ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Est	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Christy Swenson in care of Anelyse Swenson	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledg copy is (if other than # 4 above): Same as above	iment -
ture: Anelyse Swenson	Secretary of State use only
d Name: Anelyse Swenson	
city/Title: Owner	_
ture: Charly Swerrs	IDAHO SECRETARY OF STATE
ed Name: Christy Swenson	— Ø7/15/2011 Ø5 — CK: 731870 CT: 172899 BH: 1
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abn.pmd Rev. 07/2010

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