

Printed Name: Capacity/Title:\_

## 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.

SECRETARY OF STATE STATE OF IDAHO

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

	business is:  Fantas	stic Sams	
2.	The true name(s) and <u>business</u> address(es business under the assumed business name  Name  S&P Investments, LLC  (W109285)		
3.	The general type of business transacted un  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	n and Pub	
4.	The name and address to which future correspondence should be addressed: Shane Harris 320 SW 5th Ave		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Meridian, Idaho 83642  Name and address for this acknowledgment copy is (if other than # 4 above):	nt	
Printe	ed Name: Shane Harps city/Title: President		Secretary of State use only
Signature:			IDAHO SECRETARY OF STATE 12/27/2011 05:00 CK: 860918 CT: 172099 BH: 1303335 1 8 25.08 = 25.00 ASSUM NAME N 2

abn.pmd Rev. 07/2010

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