

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

7	***
CERTIFICATE O ASSUMED BUSINES Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed Please type or print legibly. Instructions are included on back of an	S NAME the undersigned Business Name.
The assumed business name which the u business is: SEW NOSTAL	
2. The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> MALINDA M. SIEMSEN	
3. The general type of business transacted to Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: MALINDA SIEMSEN 3757 S GEKELER LN #191 13015E ID 83706	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgme copy is (if other than # 4 above):	ent
Signature: Melinda M. Szemsen Printed Name: MALINDA M. SIEMSEN Capacity (Fitte: Olyano)	Secretary of State use only
Capacity/Title: ÓWNER Signature:	IDAHO SECRETARY OF STATE 93/16/2012 95:99
Printed Name:	CK: 1882 CT: 158810 BH: 1315478 1 8 25.80 = 25.80 ASSUM NAME # 2

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