

CERTIFICATE OF ASSUMED BUSINESS NAME

2017 JUN -5 AM 10: 41

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

Printed Name:

Signature:

CECDETABY OF CTATE

1. The assumed busine	ss name which the undersig	STATE OF IDAHO gned use(s) in the transaction of business is:
My Side of The Mou	intains Woodwork	
	entity names and business ss name (do not include the nar	address(es) of those doing business under me you listed in #1):
Mari J Adams	PO Box 566 Idaho	City ID 83631
(Name)	(Address)	
(Name)	(Address)	· · · · · · · · · · · · · · · · · · ·
(Name)	(Address)	
(Name)	(Address)	
. The general type of b	ousiness transacted under th	ne assumed business name is:
Retail Trade Wholesale Trade	= "	☐ Transportation and Public Utilities ☐ Mining
Services	Manufacturing	Finance, Insurance, and Real Estate
. Mailing address for fo	uture correspondence:	5. Name and address for this acknowledgment copy is (if other than # 4):
Mari Adams		•
(Name)		(Name)
PO box 566 (Address)		(Address)
Idaho City	ID 83631	(Address)
(City)	(State) (Zipcode)	(City) (State) (Zipcode)
rinted Name: Mari Ada	ms	Secretary of State use only
ignature: <u>Mad Ba</u>		
		IDAHO SECRETARY OF STATE 86/06/2017 05:00
Printed Name:	<u> </u>	CK:1291 CT:340668 BH:1587402
Signature:		16 25.00 = 25.00 ASSUM NAME #2

Rev. 08/2015