

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.

2015 JUN -8 AM 10: 29

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

SECRETARY OF STATE STATE OF IDAHO

| Idaho B  | aby  |
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| 2. The true name(s) and <u>business</u> address(es) o business under the assumed business name:  Name  MAMA CORLECT  | V  |
| 3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate | er the assumed business name is:  nd Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| 4. The name and address to which future correspondence should be addressed:  SANE  | Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301                                  |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above):   | <del></del>  |
| Signature:   | Secretary of State use only  |
| Printed Name: MAJA RIDRIGHET   | IDAHO SECRETARY OF STATE<br>06/08/2015 05:00   |
| Capacity/Title: NWWR   | CK:CASH CT:238276 BH:1478738<br>1@ 25.00 = 25.00 ASSUM NAME #  |
| Signature:   | it io. oo io. oo andour mant m   |

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