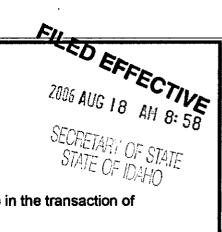


CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.



	illt Barn
The true name(s) and business address(es) of business under the assumed business name: Name Abigail Fuller	
	er the assumed business name is:
 Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
 The name and address to which future correspondence should be addressed: Abigail Fuller 	Secretary of State 700 West Jefferson Basement West PO Box 83720
1030 Lamb Rd Troy, ID 83871	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional):
	Secretary of State use only
nature: //////////	See a se
ited Name:Abigail Fuller	IDAHO SECRETARY OF STA