| CERTIFICATE O ASSUMED BUSINES | | FILED EFFECTIVE |
|--|---|---|
| Pursuant to Section 53-504, Idaho Code submits for filing a certificate of Assumed | | 08 APR -2 AM 8: 20 |
| Please type or print legibly. | a Dusiness Name. | |
| NOTE: See instructions on reverse be | fore filing. | STATE OF IDAHO- |
| The assumed business name which the u business is: | undersigned use | (s) in the transaction of |
| B | ella Vita | |
| 2. The true name(s) and business address(e business under the assumed business na Name Jenni Martin | ame: Co | or individual(s) doing mplete Address tario Street Sandpoint, Idaho 83864 |
| Brett Stevens | | ario Street Sandpoint, Idaho 83864 |
| 3. The general type of business transacted in the service of the service | on and Public U n se ke ke B b b b b b b b b b b b b b b b b b b | |
| 5. Name and address for this acknowledgn COPY is (if other than #4 above): | nent | |
| | <u>.</u> | Secretary of State use only |
| | g teorphomastation from setable p05 Revised 04/2003 | TRONG SECRETORY OF STATE |

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