

Printed Name: Tandee Price

Signature: _____

Capacity/Title: owner

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.

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

The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u> Tandee Price	
The general type of business transacted ungle Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Tandee Price 4152 Rulon Circle, Ammon, ID	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgmer copy is (if other than # 4 above):	nt
2 0 (Da'	Secretary of State use only

IDAHO SECRETARY OF STATE

@2/21/2012 @5:00

CK: 1073 CT: 158010 BH: 1311514

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