227		
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bu Please type or print legibly. NOTE: See Instructions on reverse before	e undersigned usiness Name.	FILED EFFECTIVE 09 NOV 13 AM 9: 14 SECRETARY OF STATE STATE OF IDAHO
 The assumed business name which the undersigned use(s) in the transaction of business is: DL Scents and Sceps 		
2. The true name(s) and business address(es) business under the assumed business name Name David E Hill Lori G Smock-Hill	e: Cor 6516 W Li	or individual(s) doing mplete Address melight Dr., Boise, ID 83714 imelight Dr., Boise, ID 83714
 3. The general type of business transacted und Retail Trade Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 6516 W Limelight Dr., Boise, ID 83714 	and Public Ut S A N Id Bd Bd	
 Name and address for this acknowledgment COPY is (if other than #4 above): 	nt	
Signature Signature required) Printed Name: Lori Smock-Hill Capacity/Title: Partner (see instruction # 8 on back of form)	g.tcorptiomstation formatation.pb5 Reviewed UN(2003	Secretary of State use only IDANO SECRETARY OF STATE 11/13/2009 05 = 00 CK: 2144 CT: 150019 DH: 1195173 1 8 25.00 = 25.00 ASSUM MARE 1 D / 34/9/2

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