

## CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE** 

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

2017 MAY -8 AM 9: 34

SECRETARY OF STATE STATE OF IDAHO

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

<ol> <li>The assumed business name which the business is:</li> </ol>	e undersigned use(s) in the transaction of
EXIT STRATEGY	
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> HEATHER M MUNA	` '
SARAH A MUNA	999 CAMS LANE, POCATELLO, ID 83204
3. The general type of business transacted Retail Trade Transporta Wholesale Trade Construct Agriculture Manufacturing Mining Finance, Insurance, and Real Est	ation and Public Utilities tion Te  Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  HEATHER MUNA  999 CAMAS LANE  POCATELLO, ID 83204	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledg copy is (if other than # 4 above):	ment
	Secretary of State use only
Signature: Mah M. Moure  Printed Name: HEATHER M. MUNA  Capacity/Title: OWNER  Signature: Such A Muna  Printed Name: SARAH A MUNA	IDAHO SECRETARY OF STATE
Capacity/Title: PART/OWNER	

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