

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.

08 DEC -1 AM 8: 08

SECRETARY OF STATE STATE OF IDAHO

D126629

The true name(s) and business address(es business under the assumed business nar	s) of the entity or individual(s) doing
Name	Complete Address
Stacey Turner	P.O. Box 757
Stephanie Turner	Grangeville, Idaho 83530
. The general type of business transacted u	nder the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction	n and Public Utilities
☐ Services☐ 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:	Secretary of State 700 West Jefferson
Begin agains	Basement West PO Box 83720
P.O.Box 757	Boise ID 83720-0080 208 334-2301
Grange Ville, Idaho 833	330
 Name and address for this acknowledgm copy is (if other than # 4 above); 	ent Phone number (optional):
	Secretary of State use only
ted Name: State of Turner	1DAHO SECRETARY OF STATE 12/01/2008 05: CK: 1360 CT: 231888 BH: 11 CK: 1360 CT: 231888 BH: 11
pacity/Title: Owner	IDAHO SECRETARY OF STATE 12/01/2008 05 = CK: 1360 CT: 231880 BH: 11:
(see instruction # 8 on back of form)	6 1 0 25.00 = 25.00 ASSUM N