

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.

2014 MAY -5 AM 9: 13

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

Instructions are included on back of applica	secretary of	FSTATE
The assumed business name which the understanding business is:    Ages   Mercan +//e	SIATE ()- []	MHO    -
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  Ridge Hatrick  12	the entity or individual(s) doing  Complete Address  S. 7th Avenue, Caldwell,	ID 850 -
3. The general type of business transacted under     X   Retail Trade		
4. The name and address to which future correspondence should be addressed:    Kidge   Katrology	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and address for this acknowledgment copy is (if other than # 4 above).		
Signature:	Secretary of State use only	
Printed Name: Riche Hatrick Capacity/Title: Owner	IDAHO SECRETARY OF STA	
Signature:	05/06/2014 05:0 CK:CASH CT:296506 BH:1	
Printed Name:	10 25.00 = 25.00 ASSUM NAME #2	

abn.pmd Rev. 07/2010

D 170941