

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2015 OCT 23 AM 8: 56

1.	The assumed business name which the undersigned use(s) in the transaction of business is: Blue Wednesday Consulting		
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):		
	Heather Hoyt	255 Blue Lakes Blvd N #522, Twin Falls, ID 83301	
	(Name)	(Address)	
3.	The general type of busin Retail Trade Wholesale Trade Services	ess transacted under the Construction Agriculture Manufacturing	e assumed business name is: Transportation and Public Utilities Mining Finance, Insurance, and Real Estate
4.	Mailing address for future	correspondence:	 Name and address for this acknowledgment copy is (if other than #4):
	Heather Hoyt		
	(Name) 255 Blue Lakes Blvd N #522		(Name)
	(Address)	UZZ	(Address)
	Twin Falls	ID 83301	
	(City)	(State) (Zipcode)	(City) (State) (Zipcode)
Pri	nted Name: Heather Hoyt		Secretary of State use only
Sig	gnature) a thic	tout_	IDAHO SECRETARY OF STATE
Printed Name:			10/23/2015 05:00
		***************************************	CK:1049 CT:174095 BH:1497530 16 25.00 = 25.00 ASSUM NAME #2
Sig	gnature:		
Printed Name:			E 192211

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