

Signature:\_\_\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

## FILED EFFECTIVE 2018 APR -3 AM 8: 58

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1	The accumed business name which the under	SECRETARY OF STATIOESS is:	
1.			
	<u> Klautu Bu Abbie</u>		
	J		<del></del>
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):		
	Abbie to Lindsay 1703	Addison Ave E, TWIN Fall	s, ID
	(Name) (Address)		83301
			•
	(Name) (Address)		
	(Name) (Address)		
	(Name) (Address)		
3.	The general type of business transacted under the assumed business name is:		
			∋s
	Wholesale Trade Agriculture	Mining	
	Services Manufactur	ing Finance, Insurance, and Real E	state
4	Mailing address for future correspondence:	5. Name and address for this acknowledge	ament
7.	Copy is (if other than #4).		
	Abbie To Lindsay	Copy to (ii other than ii 4).	
	(Name)	(Name)	
	1144 Twoerial Street	(Marie)	
	(Address)	(Address)	
	TWN Falls ID 83301		
	(City) (State) (Zipcode)	(City) (State) (	Zipcode)
Pri	inted Name: ADON JO LINDSOVA	Conventory of Chate was public	
• • •	The Carry of the C	Secretary of State use only	
Sig	gnature MULA HYWW	IDAHO SECRETARY OF STATE	
	$\circ$	04/03/2018 05:00	
۲r	inted Name:	CK:354 CT:355631 BH:1636	
Siz	gnature:	1@ 25.00 = 25.00 ASSUM NAM	E #2
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Pri	inted Name:	D201681	

Rev. 08/2015