

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.

(see instruction #8 on back of form)

10 MAY 11 AM 8=23

SECRETARY OF STATE

Nonna's of Sun Valley The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
W74822	
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The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Nonnas LLC, attn: Carolina Stevens P.O. Box 4184 Halley, ID 83333	
5. Name and address for this acknowledgment copy is (if other than #4 above):	
	Secretary of State use only
ature: (elgnature required) ed Name: Carolina Stevens acity/Title: Owner	IDAHO SECRETARY OF STATE 95/11/2010 95: CK: 1178 CT: 247889 BH: 122

D/39/79