



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED/RECEIVED
10/15/2015
C-59

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Tangible Dreams

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Lisa A. Kimber Name
 1724 Alpine # 3 / P.O. Box 491 Complete Address
 Burley, Id. 83318

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208-677-2928

Lisa A. Kimber
 P.O. Box 491
 Burley, Idaho 83318

5. Name and address for this acknowledgment copy is (if other than # 4 above):

N/A

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
 700 West Jefferson
 Basement West
 PO Box 83720
 Boise ID 83720-0080
 208 334-2301

IDAHO SECRETARY OF STATE

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 CK: 1144 CT: 120220 DH: 299168

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 34033

Signature: Lisa A. Kimber

Printed Name: Lisa A. Kimber

Capacity: Owner

(see instruction # 8 on back of form)