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.

MINMAY -8 FIE 2: 16

STATE OF THANKS

Please type or print legibly.

Instructions are included on back of application.

4	Teton River Lotion
2. The true name(s) and <u>business</u> add business under the assumed busines Name  Sticky Apron Strings, LLC  (U) 101714	ress(es) of the entity or individual(s) doing ess name: <u>Complete Address</u> 927 N 900 E, Shelley, ID 83274
_	Submit Certificate of Assumed Business
4. The name and address to which fute correspondence should be addressed Sticky Apron Strings, LLC PO Box 309 Blackfoot, ID 83221	ure Secretary of State
5. Name and address for this acknowle copy is (if other than # 4 above):	edgment
rinted Name: Manager	Secretary of State use only
ignature:	IDANO SECRETARY OF STATE
rinted Name:	05/08/2012 05:00

05/08/2012 05:00 CK: 988856 CT: 172899 BH: 1323372 1 8 25.88 = 25.80 ASSUM MANE # 2

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abn.pmd Rev. 07/2010