

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2017 JUN 15 PM 4: 14

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business nar Mangobelly	ne which the undersign	ned use(s) in the transaction of business is:	
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):			
	Karleen Andresen LLC	PO Box 1544 Eagle,	, ID 83616	
	(Name) (W174311)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)		
3.	The general type of business transacted under the assumed business name is:			
	☒ Retail Trade☐ Wholesale Trade☐ Services	Construction Agriculture Manufacturing	Transportation and Public UtilitiesMiningFinance, Insurance, and Real Estate	
4.	Mailing address for future of	orrespondence:	 Name and address for this acknowledgment copy is (if other than # 4): 	
	Karleen Andresen LLC			
	(Name) PO Box 1544		(Name)	
	(Address) Eagle, ID 83616		(Address)	
	(City) (S	State) (Zipcode)	(City) (State) (Zipcode)	
Printed Name: Karleen Savage			Secretary of State use only	
Sig	gnature:	asc		
Printed Name: Kerleen Savage			IDAMO SECRETARY OF STATE 06/16/2017 05:00	
Signature:			CK:CASH CT:158010 BH:1589166 10 25.00 = 25.00 ASSUM NAME #2	:
Pri	inted Name:			
Signature:			D102188	

Rev. 08/2015