

CERTIFICATE OF ASSUMED BUSINESS NAME

12 MPR 19 MH 8: 40

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAMO

Please type or print legibly. Instructions are included on back of application.

	business is: Windysage	Farmstay B & B
2.	The true name(s) and <u>business</u> address(exbusiness under the assumed business name Name	
	Karen G. Place-Broussard	4485 Old loop Rd.
		Mackay, ID 83251
3.	The general type of business transacted u Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4.	The name and address to which future correspondence should be addressed: Windysage Farmstay B&B 4485 Old Loop Rd. Mackay, ID 83251	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	nt
Siana	iture: Laren G. Place Broussai	Secretary of State use only
	ed Name: Karen G. Place-Broussard	
	city/Title: Owner	
	iture:	
	ed Name:	IDAHO SECRETARY OF STATE 04/19/2012 05:00
	city/Title:	CK: 174 CT: 269473 BH: 1320465 1 8 25.00 = 25.00 ASSUM NAME # 2

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abn.pmd Rev. 07/2010