

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.

2014 JUL 22 AM 8: 34

## <u>Please type or print legibly.</u> <u>Instructions are included on back of application.</u>

SECRETARY OF STATE
STATE OF TOARO

The assumed business name which the business is:      Mountain View Child	
The true name(s) and <u>business</u> address business under the assumed business r      Name	s(es) of the entity or individual(s) doing name: <u>Complete Address</u>
Samantha Schroedle	Moscow ID 83843
3. The general type of business transacted  Retail Trade  Transportat  Wholesale Trade  Construction	tion and Public Utilities
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment
	Secretary of State use only
Signature: Samantha Schroed  Capacity/Title: OWNEX  Signature:	IDAHO SECRETARY OF STATE  07/22/2014 05:06  CK:135 CT:299233 BH:1434182  16 25.00 = 25.00 ASSUM NAME #2
Printed Name:	- D172167