## CERTIFICATE OF

(see instruction # 8 on back of form)

08 JUN -2 PM 1:13

ASSUMED BUSINESS NAME SECRETARY OF STATE
Pursuant to Section 53-504, Idaho Code, the undersigned STATE OF IDAHO
submits for filing a certificate of Assumed Business Name

Please type or print legibly.  NOTE: See instructions on reverse before	
The assumed business name which the und business is:  For ever X two	dersigned use(s) in the transaction of
2. The true name(s) and business address(es business under the assumed business name Name  Charlotta Waggoner  Jared Waggoner	
3. The general type of business transacted un    Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
	Secretary of State use only
Signature: NWWTAD WAXAMU	No.
Printed Name: Charlotta Waggoner	IDAHO SECRETARY OF STATE    10
Capacity/Title: 0\NWW	CK: 113/5 CH: 138818 BM: 111/35C 1 @ 25.00 = 25.00 ASSUM NAME # (

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