



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED/EFFECTIVE

2002 NOV 29 PM 2:32

DATE
IDaho

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Head-TO-Tail

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Sharon Simons

PO Box 2274 Orofino, ID 83544

Lynn Strawn

4444 Cavendish Road, Lenore 83544

Trisha Strawn

PO Box 2272 Orofino, ID 83544

Francess Hilderbrand

PO Box 2272 Orofino, ID 83544

3. The general type of business transacted under the assumed business name is:

- ☒ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☐ Services ☐ Agriculture
☒ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

4. The name and address to which future correspondence should be addressed:

Sharon Simons

PO Box 2272

Orofino, ID 83544

Submit Certificate of
Assumed Business
Name and **\$20.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

Secretary of State use only

Signature: Sharon Simons

(signature required)

Printed Name: _____

Capacity/Title: Office Manager

(see instruction # 8 on back of form)

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Revised 09/2002

IDAHO SECRETARY OF STATE
12/02/2002 05:00
CK: 1692 CT: 165368 BH: 648788
1 @ 20.00 = 20.00 ASSUM NAME # 2

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