

## 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.

Instructions are included on back of application.

2014 AUG -8 AM 8: 46

SECRETARY OF STATE STATE OF IDAYO

business is: P.S. Espression	nd More
2. The true name(s) and <u>business</u> address(establishess under the assumed business name  Name  Shoula Wetzel	
3. The general type of business transacted up 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:  P.S. ESPICESSON WONE  POBOX 581  POHALL LO 83865	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):	<b>nt</b>
Signature: Shelle Wetzell  Printed Name: Shelle Wetzell  Capacity/Title: OWNER	Secretary of State use only  IDAHO SECRETARY OF STATE  08/08/2014 05:00  CK:6142 CT:299897 BH:143660  16 25:00 = 25:00 ASSUM NAME

D173068

Printed Name:

Capacity/Title: