



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2013 AUG -7 AM 8:58

Please type or print legibly.

Instructions are included on back of application.

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

Wiggins Herbal

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

Debra Stephens

18700 Hwy 55

Boise, ID 83714

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.

Debra Stephens

18700 Hwy 55

Boise, ID 83714

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Secretary of State use only

Signature: _____

Printed Name: Debra Stephens

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
08/07/2013 05:00
CK: 6118 CT: 150018 BH: 1305148
1 @ 25.00 = 25.00 ASSUM NAME # 2

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