

Signature:___

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2016 JUN 13 PM 1:59

	i ming ree. \$20.	00.	and the first of the first		
1.	SECRETARY OF STATE The assumed business name which the undersigned use(s) STATE CERTARY OF STATE Ohana Cabana				
^					
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):				
	Colby Guisasola	992 N Casa Loma Dr, Meridian, ID 83642			
	(Name)	(Address)			
	(Name)	(Address)			
	(Name)	(Address)			
	(Name)	(Address)			
3.	The general type of busine Retail Trade Wholesale Trade Services	ess transacted under the Construction Agriculture Manufacturing	☐ Trans	sportation and Public I	
4.	Mailing address for future Colby Guisasola (Name) 992 N Casa Loma Dr	correspondence:	COPY IS (if other	address for this acknown than #4):	wledgment
	(Address) Meridian	ID 83642	(Address)		
	(City)	(State) (Zipcode)	(City)	(State)	(Zipcode)
Pr	inted Name: Colby Guisaso	ola		Secretary of State use only	
	gnature: <u>Call</u>		IDAHO SECRETARY OF S' 06/13/2016 05: ASH CT:158010 BH:	00 1 5 32938	
Si	gnature:	1@ 25	D187227	NAME #2	
Pr	inted Name:			010100	

Rev. 08/2015