

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly. Instructions are included on back of application.

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7	NAME STATE OF THE
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Business Please type or print legibly. Instructions are included on back of applies	undersigned Solonia So
The assumed business name which the under business is: Bareroot Direct.com	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name Name Someri: Pinnock	
3. The general type of business transacted und Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to:
correspondence should be addressed: <u>Bareroot Direct</u> 849 Sand Creek Rd. 51. Anthony, 1D 83445	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):	
Signature: Somer Pinnock Printed Name: Somer Pinnock Capacity/Title: Owner Manager Signature:	IDAHO SECRETARY OF STATE 03/15/2012 05:00
Printed Name:	CK: 19077582767 CT: 255299 BH: 1315385

abr.pmd Rev. 07/2010

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