

## 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.

(see instruction # 8 on back of form)

FILED EFFEC

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned business is:  Awakening Esser	
2. The true name(s) and business address(es) of the e business under the assumed business name:  Name	Įį.
3. The general type of business transacted under the a  Retail Trade Transportation and Put  Wholesale Trade Construction	1
<ul> <li>Wholesale Trade ☐ Construction</li> <li>Services ☐ Agriculture</li> <li>Manufacturing ☐ Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Heidi fin Wfarland  360 Matwood Dr.  Docwello, ID: 83204  206-232-4002  5. Name and address for this acknowledgment copy is (if other than #4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):
	Secretary of State use only
Inature: William Signature required)  Inted Name: HEIDIANN WEARIAND  Ipacity/Title: OWNEX	IDAHO SECRETARY OF STATE  03/20/2006 05:00  CK: 425 CT: 158810 BH: 94438  1 0 25.00 = 25.00 ASSUM NAME