

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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

2012 NOV -1 AM 10: 56

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

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the un	ndersigned use(s) in the transaction of
business is: <u>Summer Moon Studenter</u>	dio
2. The true name(s) and <u>business</u> address(est business under the assumed business name Name Cherie Cole Donald flum	
3. The general type of business transacted un    Retail Trade	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  Cherie Cale  1221 N. 1544  Baise, Tan 83702	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	Secretary of State use only
Signature: Spril Per	Secretary or State use only
Printed Name: Donald Plum	
Capacity/Title:	TRAIN CECNETARY OF CTATE
Signature:	IDAHO SECRETARY OF STATE 11/01/2012 05:00 CK: 7403 CT: 158018 BH: 1346036
Printed Name:	1 9 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title: ชเมนะ	1 5000

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