

## 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 15 AM 9: 10

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

D159267

	Only Col (D) (I) (O
1. The assumed business name which the undersigned	use(s) in the transaction of
business is:	
Simplicity Dweets	
	ara to altitude and A. A. al altitude
2. The true name(s) and <u>business</u> address(es) of the er	ntity or individual(s) doing
business under the assumed business name:	Complete Address
Name	<u> </u>
Holly Grimm 1235	Northern Pine 1st
Frica Wie Tw	in Falls, 10 85501
1225	5 Bell St. Twin Falls,
3. The general type of business transacted under the a	
Retail Trade Transportation and Pub	olic Utilities
Wholesale Trade Construction	
Services Agriculture	0.1
Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
Holly arimm	PO Box 83720 Boise ID 83720-0080
1235 Northern Pine Dr	208 334-2301
Twin Falls, 10 83301	
5. Name and address for this acknowledgment	
COPY is (if other than # 4 above):	
	Secretary of State use only
Al-M. Cilman	
Signature: NULL UMULL	
Printed Name: Holly Grimm	
Capacity/Title: Partney/owner	
	TROUG CEPDETARY HE STATE
Signature:	IDAHO SECRETARY OF STATE 11/15/2012 05:00 CV. 2724 CT. 274297 PM. 1247775
Printed Name: Krica Wyle.	CK: 2734 CT: 276293 BH: 1347775 1 @ 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title: <u>Partner Jaoner</u>	~