

# CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

00 AUG 17 AM 10:42  
signed gives notice of  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

essence

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name

## Address

Ethne Megan Y Tara

Address  
404 Hill St. Kamiah, ID 83536

3. The general type of business transacted under the assumed business name is:

## Retail Sales and Services

**See categories on the reverse**

4. The name and address to which correspondence should be addressed:

Megan y Tara

Po Box 861 Kamiah, ID 83536

Signed

*W. Ryan & Co*

By

Ethne Megan y Tara

## Capacity

Sole proprietor

**Submit Certificate of Assumed Business Name and \$20.00 fee to:**

Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

Customer #

~~THOMAS SECRETARY OF STATE~~

Secretary of State use only  
06/18/2000 09:00

CK: 1091 CT: 134917 BH: 342083

1 @ 20.00 = 20.00 ASSUM NAME # 2

Revision 10/96

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