

Signature:\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2018 AUG 13 AM 9: 22

SECRETARY OF STATE STATE OF IDAHO

D204734

1	The assumed business name which the undersigned use(s) in the transaction of business is:			
••	Grandma			-
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):  Tracie SMITh // 8 MTN. VIEW DR. MTN. Home TD. 836  (Name)			
	(Name)	(Address)	<del> </del>	
	(Name)	(Address)		
	(Name)	(Address)		
3.	The general type of business transacted under the assumed business name is:			
	<ul><li>X Retail Trade</li><li>☐ Wholesale Trade</li><li>☐ Services</li></ul>	Construction Agriculture Manufacturing	Minin	portation and Public Utilities ng ice, Insurance, and Real Estate
4.	Mailing address for future con Tracie SMIT (Name)  118 MtN. VIEW (Address)  MtN. Home I (City) (Si	•	5. Name and address for this acknowledgment copy is (if other than # 4):  (Name)  (Address)  (City) (State) (Zipcode)	
Pri	nted Name: <u>TraciE</u>	Smith		Secretary of State use only
Sig	gnature: Tracie	Smith		IDAHO SECRETARY OF STATE
Printed Name:			08/13/2018 05:00 CK:108069121534 CT:361771 BH:1658416 10 25.00 = 25.00 ASSUM NAME #2	
Signature:				
Pri	nted Name			