

Signature:

Signature:

Signature:

Printed Name:

Printed Name:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

2017 FEB 21 AM 10: 59

SECRETARY OF STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: Kingdom of Sweets 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): Tara Truscott P.O. Box 4 St. Maries, Idaho 83861 (Name) (Address) (Name) (Address) (Name) (Address) (Name) (Address) The general type of business transacted under the assumed business name is: X Retail Trade Construction Transportation and Public Utilities Wholesale Trade Agriculture Mining Services Manufacturing Finance, Insurance, and Real Estate 4. Mailing address for future correspondence: 5. Name and address for this acknowledgment CODY IS (if other than # 4). Tara Truscott Tara Truscott (Name) (Name) P.O. Box 4 P.O. Box 4 (Address) (Address) St. Maries ID 83861 St. Maries Idaho 83861 (City) (State) (Zipcode) (City) (State) (Zipcode) Printed Name: Tara Truscott Secretary of State use only

1DAHO SECRETARY OF STATE 02/21/2017 05:00

CK:17539028516 CT:158010 BH:1569874 16 25.00 = 25.00 ASSUM NAME #2

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Rev. 08/2015