

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

## FILED EFFECTIVE

09 JUL -2 PM 1=16

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the ur business is:	Springs Onl		<del></del>
2. The true name(s) and business address(es) of business under the assumed business name:  Name  Jamie Ashcraft  Nathan Ashcraft		the entity or individual(s) doing  Complete Address  2983 E 2000 N Sugar City ID 83448  2983 E 2000 N Sugar City ID 83448	
3. The general type of business transacted u	nder the	assumed business name is:	
<ul> <li>✓ Retail Trade ☐ Transportatio</li> <li>☐ Wholesale Trade ☐ Construction</li> <li>☐ Services ☐ Agriculture</li> <li>☐ Manufacturing ☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> <li>4. The name and address to which future correspondence should be addressed:</li> <li>✓ Jamie Ashcraft</li> <li>✓ 2983 E 2000 N Sugar City ID 83448</li> <li>5. Name and address for this acknowledgm copy is (if other than #4 above):</li> </ul>		Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301	
Same		Secretary of State use only	
nature: AMU (Regneture required)  nted Name: Jamie Ashcraft  pacity/Title: owner	g-borpfometabn formálabn.p65 Revised 04/2003	IDAHO SECRETARY 97/92/2999 CK: 3898 CT: 238513 1 8 25.88 = 25.88	0F STATE 05:200 BH: 1177384 ASSUM NAME 1
(see instruction # 8 on back of form)		D 131	927