

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2014 AUG 18 PH 4: 30

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

<u>Instructions are in</u>	cluded on back of applic	cation.	
business is:	s name which the unde	ersigned use(s) in the transaction of	
Steins Osburn Market		<u> </u>	
	ssumed business name	of the entity or individual(s) doing : <u>Complete Address</u> 5211 N River Estates LN Chattaroy, WA 990	003
3. The general type of be Retail Trade Wholesale Trad Services	Transportation a	er the assumed business name is: and Public Utilities	
Manufacturing Finance, Insura	Mining nce, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:	
4. The name and addres correspondence shou 35211 N River Estates LN	ld be addressed:	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and address fo copy is (# other than # 4 abo	•		
		Secretary of State use only	
Signature: <u>Here w Wa</u>	ton		
Printed Name: Teresa Watson		IDANO SECRETARY OF 08/19/2014 05	
Capacity/Title: member		CK:2149086 CT:172099	BH:1437876
Signature:		1@ 25.00 = 25.00 ASSU	IM NAME #3
Printed Name:		01023	
Capacity/Title:		1)113256	

9/21/2012

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