

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

12F77 16 AT 8:52

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

Please type or print legibly. Instructions are included on back of application.

The assumed business name which the undersign business is: Week Week Company Compa	ned use(s) in the transaction of	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Stephanic Brown	e entity or individual(s) doing Complete Address Loop 10 83835	
3. The general type of business transacted under the assumed business name is: Retail Trade		rne
 Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:	
4. The name and address to which future correspondence should be addressed: Stephanie Brown 685 & Avena Loop Hauden ID 83835	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and address for this acknowledgment copy is (if other than # 4 above):		
rinted Name: Stephanie Brown Capacity/Title Owner	Secretary of State use only	
Signature: Sue Worman	IDAHO SECRETARY OF STATE @2/16/2012 @5:00 CK: 1180 CT: 267896 BH: 1311817 1 8 25.08 = 25.80 ASSUM MANE # 2	

abn.pmd Rev. 07/2010

Printed Name: Jue Worman

Capacity/Title:__

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