

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

27	FILED EFFECTIVE
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed Please type or print legibly. Instructions are included on back of approximately provided the control of the contro	S NAME the undersigned Business Name.
The assumed business name which the up business is:     Happy Hearts Activities for Seniors	ndersigned use(s) in the transaction of
The true name(s) and <u>business</u> address(e business under the assumed business name     Name     Kathy Roberts	es) of the entity or individual(s) doing me: <u>Complete Address</u> 367 W 2nd S Rigby, ID 83442
3. The general type of business transacted u  Retail Trade Transportatio Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  Happy Hearts Activities for Seniors  Kathy Roberts  367 W 2nd S Rigby, ID 83442	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt
Signature: Kathy Roberts	Secretary of State use only
Capacity/Title: Owner	
Signature: Printed Name:	IDAHO SECRETARY OF STATE  03/26/2013 05:00  CK: 1155 CT: 281116 BH: 1366437
Capacity/Title:	1 @ 25.00 = 25.00 ASSUM NAME # 2

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