

Capacity/Title: ()Unev

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

7	
CERTIFICATE OF ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the undersig submits for filing a certificate of Assumed Business National Please type or print legibly. NOTE: See instructions on reverse before filing.	ned 1773
The assumed business name which the undersigne business is: The Pickle To	P
2. The true name(s) and <u>business</u> address(es) of the end business under the assumed business name: Name TOFFEE SCHOOLK A	Complete Address DE South Cange Ville, ID 83530
3. The general type of business transacted under the a Retail Trade Transportation and Pull Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: TOFFEE SchoocK HC-66 Box 246 KOOSKIA, TO 83539	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-926-7783
Signature: Chack Printed Name: Farfee Schack Printed Name: Farfee Schack	Secretary of State use only
Printed Name: <u>YAFFEE</u> <u>SChaack</u>	

IDAHO SECRETARY OF STATE

@2/22/20@2 @5:00

CK: 2876 CT: 157697 BH: 447892

1 @ 20.00 = 20.00 ASSUM NAME # 2

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