

Printed Name: Taunia D Hosking

Capacity/Title: Owner

Signature: _____

Printed Name: _

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

11 APR 13 AM 8: 42

SECPLE BY OF STATE STATE OF IDAHO

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

Grams Girl	
• • • • • • • • • • • • • • • • • • • •	dress(es) of the entity or individual(s) doing
business under the assumed busine	
<u>Name</u>	Complete Address
Taunia D Hosking	523 Airway Dr Lewiston, ID 83501
Retail Trade Transp Wholesale Trade Const Services Agricu Manufacturing Mining Finance, Insurance, and Real The name and address to which fut correspondence should be address	Submit Certificate of Assumed Business Name and \$25.00 fee to: ture Secretary of State 450 North 4th Street
Taunia D Hosking	PO Box 83720 Boise ID 83720-0080
523 Airway Dr	208 334-2301
Lewiston, ID 83501	
Name and address for this acknowle	

IDAHO SECRETARY OF STATE

04/13/2011 05:00

CK: 1826 CT: 257785 BH: 1268936

1 8 25.00 = 25.00 ASSUM NAME # 2

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