



CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

2013 APR 15 AM 9:24

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

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of
business is:

POLKA DOT PANDA

2. The true name(s) and business address(es) of the entity or individual(s) doing
business under the assumed business name:

Name

Complete Address

REBEKAH ELDREDGE

3809 WILLOW RIDGE DR AMMON ID 83406

THOMAS H GIBBONS

4680 N 800 W SMITHFIELD UT 84335

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future
correspondence should be addressed:

REBEKAH ELDREDGE

3809 WILLOW RIDGE DR

AMMON ID 83406

5. Name and address for this acknowledgment
copy is (if other than # 4 above):

REBEKAH ELDREDGE

3809 WILLOW RIDGE DR

AMMON ID 83406

Signature: Rebekah Eldredge

Printed Name: REBEKAH ELDREDGE

Capacity/Title: MEMBER

Signature: Thomas H. Gibbons

Printed Name: THOMAS H GIBBONS

Capacity/Title: MEMBER

Secretary of State use only

IDAHO SECRETARY OF STATE
04/16/2013 05:00
CK: 1192 CT: 276982 BH: 1369633
1 @ 25.00 = 25.00 ASSUM NAME # 2

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