

CERTIFICATE OF ASSUMED BUSINESS NAME

2017 1

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

NOTE: See instructions on reverse before filing.

The true name(s) and business address business under the assumed business r	(es) of the entity or individual(s) doing
Name MARIANNE BATE	Complete Address 880 PARTRIDGE ORIVE
	MOUNTAIN Home, ID 83647
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta 4. The name and address to which future correspondence should be addressed: MACIANNE BATE 880 PARTRIGGE DRIVE	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of Stale 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledge copy is (if other than # 4 above). 	ment Phone number (optional): _208-599-1837
	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE 11/17/2003 05:00 CK: 6610665862 CT: 156010 MM. 711989

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