

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 OCT 24 AM 9: 36

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

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the ur business is:	ndersigned use(s) in the transaction of
Cab	in Works
2. The true name(s) and <u>business</u> address(e business under the assumed business name Name Grow Huts, LLC (W105526)	es) of the entity or individual(s) doing me: <u>Complete Address</u> 3417 Bear Creek Rd. Driggs, ID 83422
3. The general type of business transacted u	
 □ Retail Trade □ Wholesale Trade □ Services □ Manufacturing □ Finance, Insurance, and Real Estatements 	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Cabin Works 3417 Bear Creek Rd. Driggs, ID 83422	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	
	Secretary of State use only
Printed Name: Casey T. Eason Capacity/Title: Owner Signature: Tricia Eason	- - - IDAHO SECRETARY OF STATE - 10/24/2011 05:00
Capacity/Title: Owner	CK: 1017 CT: 263588 BH: 1295433 1 8 25.00 = 25.80 ASSUM MANE # 8

abn.pmd Rev. 07/2010

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