



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 JUN -8 AM 9:15
SECRETARY OF STATE
STATE OF IDAHO

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

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Debbie W. Cochrane 1311 Travois Circle, Blackfoot, Idaho 83221

(Name)

(Address)

Milton Cochrane 1311 Travois Circle, Blackfoot, Idaho 83221

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

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

4. Mailing address for future correspondence:

Debbie Cochrane

(Name)

1311 Travois Circle

(Address)

Blackfoot, Idaho 83221

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Debbie W. Cochrane

Signature: *Debbie W. Cochrane*

Printed Name: Milton Cochrane

Signature: *Milton Cochrane*

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/08/2016 05:00

CK:8603 CT:158010 BH:1532333
1@ 25.00 = 25.00 ASSUM NAME #2

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