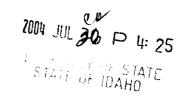


CERTIFICATE OF ASSUMED BUSINESS NAME

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



Please type or print legibly. NOTE: See instructions on reverse before filing.

Jag	ged Edge
The true name(s) and business address(e business under the assumed business name Name Melissa Pocock	rs) of the entity or individual(s) doing me: Complete Address 756 S. 7th W. Sugar City, Idaho 83448
	nder the assumed business name is:
 Wholesale Trade ☐ Construction ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Melissa Pocock	Secretary of State 700 West Jefferson Basement West PO Box 83720
756 S. 7th W.	Boise ID 83720-0080
Sugar City, Idaho 83448	208 334 2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt Phone number (optional): 208-356-0345
	Secretary of State use only
nted Name: Melissa Pocock pacity/Title: Owner	Sed unassemoj un
(see instruction # 8 on back of form)	CK: 1387 CT: 158010 BH: 1 0 25.00 = 25.00 ASSUM

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