

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.

2014 JUN 20 PH 3: 50

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

SECRETARY OF STATE STATE OF IDAHO

١.	The assumed business name which the undersite business is: Stoned Calassware	gned use(s) in the transaction of
2.	The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Mitchell Jenkins 142	Complete Address
3.	The general type of business transacted under to Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4.	The name and address to which future correspondence should be addressed: Same A5#9	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	
Printe Capa	ed Name: Mitchell Senkins city/Title: Owner	Secretary of State use only IDAHO SECRETARY OF STATE 06/20/2014 05:00 CK:1994168 CT:172099 BH:143015 16 25.00 = 25.00 ASSUM NAME #2

D/72105

Printed Name: _____

Capacity/Title:__