

## 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 SEP -3 AM 10: 45

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

SECRETARY OF STATE STATE OF IDAHO

<ol> <li>The assumed business name which the und business is:</li> </ol>	dersigned use(s) in the transaction of
SQUARE X SQUARE	
2. The true name(s) and <u>business</u> address(es business under the assumed business nam  Name  Juliana Mclenna  LISA Arnold	•
3. The general type of business transacted un  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  SQUARE X SQUARE  530 W. MYRTLE  8015E, 10 93702	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	nt
	Secretary of State use only
Signature:  Printed Name:   TULIANA MCLENNA  Capacity/Title:   Co-own & R.	IDAHO SECRETARY OF STATE  09/03/2014 05:00  CK:CASH CT:243998 BH:1439828  16 25.00 = 25.00 ASSUM NAME #2
Printed Name: USA APOLD	D173529

Capacity/Title: \_ Co - 0 WNER