

Capacity/Title: co-ozured

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

7	File
CERTIFICATE OF  ASSUMED BUSINESS N  Pursuant to Section 53-504, Idaho Code, the ur submits for filing a certificate of Assumed Busin	ndersigned . A . A . A
Please type or print legibly. Instructions are included on back of applica	ation.
The assumed business name which the under business is:	signed use(s) in the transaction of
FANCI FR	EEZ
<ol><li>The true name(s) and <u>business</u> address(es) of business under the assumed business name:</li></ol>	
<u>Name</u>	Complete Address
	2 S. LATAH ST, STE E, BOISE, ID. 83706
W77473	
3. The general type of business transacted under Presentation and Presentation and Presentation and Presentation and Presentation Agriculture Agriculture Manufacturing Mining Prinance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:    Description	
5. Name and address for this acknowledgment copy is (if other than #4 above):  13 S I Atah  Borse 10 83705	
Signature: Meagon M Bauer Capacity/Title: Co-owner Signature: Mm 1. 2 Printed Name: Mustopher Bauer	IDANG SECRETARY OF STATE  94/26/2012 95:99  CK: 896 CT: 192845 RH: 1321581 1 8 25.88 = 25.88 ASSUM NAME \$ 2

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