

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.

2015 JUN 16 AM 8: 26

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

SECRETARY OF STATE STATE OF IDAHO

	Studio Jcreating for you	<u> </u>		
2.	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:			
	<u>Name</u> Cloris Punt	400E N. 3	Complete Address	
	Olons Failt	4285 N. Yellowstone Hwy. #8 Idaho Falls, ID. 83401		
		idalio Fa	iis, ID. 63401	
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: Cloris Punt	, 	Secretary of State 450 North 4th Street PO Box 83720	
	4285 N. Yellowstone Hwy. #8		Boise ID 83720-0080 208 334-2301	
	Idaho Falls, ID 83401			
	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt 		
			Secretary of State use only	
gnature: Cloris Funk			IDAHO SECRETARY OF STATE	
inted Name: Cloris Punt			06/16/2015 05:00 CK:3859 CT:311427 BH:14801	
apac	city/Title: Owner		1@ 25.00 = 25.00 ASSUM NAME	
gnat	ture: Claus Offat		D1797102	

abn.pmd Rev. 07/2010