

Printed Name: (

Signature:

Printed Name: \_ Capacity/Title:

Capacity/Title: 30/e

## 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.

2016 APR 29 PM 3: 27
SECRETARY OF STATE
STATE OF IDAHO

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

1. The assumed business name which the undersigned use(s) in the transaction of business is: Marijuana Widow 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of Manufacturing **Assumed Business** Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 Boise ID 83720-0080 Bo ise 208 334-2301 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). Secretary of State use only Signature

1DAHO SECRETARY OF STATE 04/29/2016 05:00

CK:3818564 CT:172099 BH:1526138 10 25.00 = 25.00 ASSUM NAME #2

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