

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

09 SEP 21 PM 1: 19

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

Capacity/Title: Owner loverator

The true name(s) and business address(es) of t business under the assumed business name:	he entity or individual(s) doing
Name	Complete Address
Christi Dobbins	805 Del Mar Drive Twin Falls, Idaho 83301
The general type of business transacted under the last state of the general type of business transacted under the last state of the general type of business transacted under the general type of the	
805 Del Mar Drive	(208) 334-2301
Twin Falls, Idaho 83301	
Name and address for this acknowledgment copy is (if other than #4 above):	
	Secretary of State use only
d Name: Christi Dobins	IDAHO SECRETARY OF STATE 99/21/209 05:0 CK: 17751884 07: 1888 08:00

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