



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2004 JUL -2 AM 9:26

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

THRIVE

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Roxanne Rae Hill

306 N. 3rd Street McCall, ID 83638

3. The general type of business transacted under the assumed business name is:

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Roxanne R. Hill

81 Johnson Lane

McCall, ID 83638

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

634-7263

Signature: Roxanne R. Hill

(signature required)

Printed Name: Roxanne R. Hill

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

077892

IDAHO SECRETARY OF STATE
07/02/2004 05:00
CK: 164 CT: 158010 BH: 753730
1 @ 25.00 = 25.00 ASSUM NAME # 2