## CERTIFICATE OF ASSUMED BUSINESS NAME

## To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

1.	The assumed business nambusiness is:	e which the undersigned use(s) in the transaction of
<del>-</del>	The Olive	ree

3	T-1
_i.	I lie true name(s) and business and second second
	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed pusiness and
	business and all the street of individual(s) doing
	ousiness under the assumed pusiness name in (and
	business under the assumed ousiness name is/are:

Judith Thietten 641 Ballingerde Dr. Twin Falls Id 8330	and desamed business	S liame is/are:
( ) Dallingrade Dr. Iwin Falls Id 8330		Address
1858 Signid the T		641 Ballingrade Dr. Twin Falls Id 8330
Twin talls ID 8330		1858 Signid the Twin Falls ID 83301

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

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

	- 40000,
Judith Thietten 641 TwinFalls ID 83301	Ballingrade Dr.
33000	Signed man 5 th
	Capacity Leader + Treasurer
Submit Certificate of Assumed Business name and \$20.00 for	Customer #

Submit Certificate of Assumed Business name and \$29.00 fee to:

Secretary of State use only

Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080

**INSTRUCTIONS**