

Capacity/Title:__(^)

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

O9 AUG -6 PM 4: 00
SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1.	The assumed business name which the undersigned use(s) in the transaction of			
	business is:	÷		
	Life's Blessings		· · · · · · · · · · · · · · · · · · ·	
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			
	TENA L. NELSON	א אאפי		82700
	ICNA CITOCCOU	100	McMullen St, Boise	<u>,007</u> 07
				
-		• • • •		
3.	The general type of business transacted under the assumed business name is:			
	Retail Trade Transportation Wholesale Trade Construction		olic Utilities	_
	Services Agriculture		Submit Certificate of	7
	☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate		Assumed Business Name and \$25.00 fee to:	
4.	The name and address to which future		Idaho Secretary of State	ŀ
	correspondence should be addressed:		450 N 4th Street PO Box 83720	
	Aboue		Boise ID 83720-0080	7
			(208) 334-2301	
		I	<u></u>	
5.	. Name and address for this acknowledgme	ent		
	COPY IS (if other than # 4 above):			
			•	
	-	-	Secretary of State use only	
		₩		
Signa	ture: Down & No Ison	nskabn formskabn.p65 rised 04/2003		
_	ed Name: TENA 1 2 SON	islabn form ised 04/2003		_s.
rinte	10 Name: 12NA 1/16/50N	lasi e	THAUN CENDETABL	A OF CTATE

IDAHO SECRETARY OF STRIE 08/06/2009 05:800 CK: 293924 CT: 172899 BH: 1181881 1 8 25.88 = 25.88 ASSUM MANE TO

D132691