

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 MAR -2 AM 8: 30

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is:						
	Mondaes Maker Space	& Supp	ly	·			
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1): Puffy Mondaes LLC 200 12th Ave. S. Nampa, ID, 83651 (Name) (Address)						ınder
	(Name) (Address)						
	(Name)	(Ad	dress)				· · · · · · · · · · · · · · · · · · ·
	(Name) (Address)						
3.	The general type of business transacted under the ☐ Retail Trade ☐ Construction ☐ Agriculture ☐ Services ☐ Manufacturing				assumed business name is: Transportation and Public Utilities Mining Finance, Insurance, and Real Estate		
4.	Mailing address for future correspondence: 5. Name and address for this acknowledgment copy is (if other than # 4):						wiedgment
	Mondaes Maker Space & Supply				Keren Brown		
	(Name) 200 12th Ave. S.				^(Name) 812 Ruth Lane		
	(Address) Nampa	1D	83651		(Address) Nampa	ID	83686
	(City)	(State)	(Zipcode)		(City)	(State)	(Zipcode)
Printed Name: Keren Brown					Secretary of State use only		
Się	gnature:				New 2011 Au		
Printed Name:					IDAHO SECRETARY OF STATE 03/02/2017 05:00 CK:12987656 CT:172099 BH:1571540 16 25:00 = 25:00 ASSUM NAME #4		
Signature:							
Printed Name:							

Rev. 08/2015