

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

2014 SEP 24 AM 8: 53

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

## Please type or print legibly. ns are included on back of application.

Printed Name:

Capacity/Title: \_\_

Instructions are included on back of application.	
The assumed business name which the u business is:     Have Heart Magazine	ndersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(e business under the assumed business na Name  Tangerine Publishing, LLC  (W/42547)	es) of the entity or individual(s) doing ame:  Complete Address PO BOX 9931 Moscow, ID 83843
3. The general type of business transacted  Retail Trade Transportati Wholesale Trade Constructio Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta  4. The name and address to which future correspondence should be addressed: PO BOX 9931 Moscow, ID 83843	on and Public Utilities on Submit Certificate of Assumed Business
5. Name and address for this acknowledgn copy is (if other than #4 above):	nent
Signature: Anthony Michael Niccoli Capacity/Title: Owner - Publisher Signature:	Secretary of State use only  IDANO SECRETARY OF STATE  09/24/2014 05:00  CK:288 CT:301464 BH:1442611  16 25.00 = 25.00 ASSUM NAME

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