FILED FFFECTIVE



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. Instructions are included on back of application.

The assumed business name which the undersigne business is: Seasons & More	d use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the elements business under the assumed business name: Name Leslee Henry Julie	Complete Address BOX 281
3. The general type of business transacted under the a Retail Trade Transportation and Pull Wholesale Trade Construction Services Agriculture	blic Utilities
ManufacturingMiningFinance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Seasons & More 836 main street Lewiston Id 83501	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above): Leslee Lenry	
Signature Love Wenkey Printed Name: Leslee Wenkey	Secretary of State use only
Capacity/Title: Owner Signature: Walter Holf Printed Name: Gudrey Holf	IDAHO SECRETARY OF STATE 19/25/2012 05:00 CK: 2506 CT: 274601 BH: 1341092 1 8 25.80 = 25.80 ASSUM NAME # 2
Capacity/Title DUCA TOR	* • • • •

D158303