

Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

11 JUL 29 AM 9: 19

SECRET BY OF STATE STATE OF IDAHO

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

	BIG SUGARS	
The true name(s) and <u>business</u> ad business under the assumed business <u>Name</u> TAMI J CARLSON	Idress(es) of the entity or individual(s) doirness name: <u>Complete Address</u> PO BOX 88 TROY ID 83871	ng
☐ Retail Trade ☐ Trans ☐ Wholesale Trade ☐ Cons	Assumed Business	
4. The name and address to which fu correspondence should be address TAMI J CARLSON 1315 ORCHARD LOOP RD TROY ID 83871	Cecietary of Otate	
5. Name and address for this acknow copy is (if other than # 4 above):	/ledgment	
nature: Sam' & Carloon	Secretary of State us	e only
ited Name: TAMI J CARLSON		
pacity/Title: OWNER		
nature: nted Name:	IDAHO SECRETA Ø7/29/201 CK: 79050 CT: 261	l1 05.0

abri.pmd Rev.07/2010

1 8 25.00 = 25.00 ASSUM NAME # 2

D149188