

Capacity/Title:

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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.

2014 SEP 11 AM 8: 36

The assumed business name which the	SECRETARY OF STATE STATE OF STATE undersigned use(s) in the transaction of
business is:  M2 Kitty's Salo	on
2. The true name(s) and <u>business</u> address(business under the assumed business name  Name  Jennie Hernandet	ame: Complete Address
3. The general type of business transacted  Retail Trade Transportat Wholesale Trade Agriculture	ion and Public Utilities on
<ul><li></li></ul>	Submit Certificate of Assumed Business Ite Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  PD BOX 2119  Hailey, 1D 83333	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	nent
Signature: Amnee Lumande	Secretary of State use only
Printed Name: Tennic Hernande	IDANO SECRETARY OF STATE
Capacity/Title:	09/11/2014 05:00 CE:209 CT:301039 BH:1440943
Signature:	1@ 25.00 = 25.00 ASSUM NAME #2
Printed Name:	- DI73700
Canacity/Title:	13117/00