



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

AM 8:36

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

BLOSSOM MOUNTAIN RETREAT

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Frankie McFeron-Crumb

5022 E. Shoreline Dr. Post Falls, ID 83854

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

4. The name and address to which future correspondence should be addressed:

Frankie McFeron-Crumb

5022 E. Shoreline Dr

Post Falls, ID 83854

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: *Frankie McFeron-Crumb*

Printed Name: Frankie McFeron-Crumb

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE
12/14/2010 05:00
CK: 1036 CT: 150010 BH: 1250762
1 @ 25.00 = 25.00 ASSUM NAME # 2

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