

CERTIFICATE OF ASSUMED BUSINESS NAME

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

7	FILED EFFECT
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filling a certificate of Assumed Explanation of Please type or print legibly. Instructions are included on back of apprenticular and provided in the control of the contro	S NAME he undersigned Business Name.
The assumed business name which the urbusiness is: Apple Spa	ndersigned use(s) in the transaction of
The true name(s) and <u>business</u> address(es business under the assumed business name Name Chin P Harrell	, , , , , , , , , , , , , , , , , , , ,
3. The general type of business transacted up Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	n and Public Utilities Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Chin P Harrell 174 N Orchard Boise, ID 83706	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt
Signature:	Secretary of State use only
Signature:Printed Name:	IDAKO SECRETARY OF STATE 10/11/2012 05:00 CK: 2447 CT: 275138 BH: 1343193 1 8 25.00 = 25.80 ASSUM MAME # 2

D 158651

Capacity/Title: _