



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

2014 APR 10 AM 9:19

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:

Grocery Girl

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
<u>Candace Adams</u>	<u>5292 N. Parkwood Circle</u>
<u></u>	<u>Coeur d'Alene, ID</u>
<u></u>	<u>83815</u>

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

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

Grocery Girl
5292 N. Parkwood Circle
Coeur d'Alene, ID 83815

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

Candace Adams
5292 N. Parkwood Circle
Coeur d'Alene, ID
83815

208/755-7339

Signature: Candace Adams

Printed Name: Candace Adams

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/10/2014 05:00
CK: 2207 CT: 295479 BH: 1419555
1 @ 25.00 = 25.00 ASSUM NAME # 2

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