



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

2015 MAY 26 AM 9:35

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:

SEVEN DEVILS DELIGHTS

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

TURTLE ENTERPRISES, LLC

817 REEDY LANE UNIT G MCCALL ID 83638

(W152106)

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:

TURTLE ENTERPRISES, LLC

CAMI HEDGES

817 REEDY LANE, UNIT G MCCALL, ID 83638

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

IDAHO SECRETARY OF STATE

05/27/2015 05:00

CK:1034 CT:290263 BH:1477026

10 25 Secretary of State Use only SUM NAME #3

Signature: _____

Printed Name: CAMI HEGES

Capacity/Title: OWNER/MEMBER

Signature: _____

Printed Name: _____

Capacity/Title: _____

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