

Signature:\_\_\_\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

2017 OCT 30 AN 10: 07

	9		fall out an annual
1.	The assumed business name which the undersigned use(s) in the transaction of STATE  HORIZONS CONVENIENT STORE & MORE		
	HORIZONS CONVENIEN	T STORE & MORE	
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):		
	DARIA WOHALI	4107 SAMUELSON	AVE SANDPOINT ID 83864 APT A 203
	(Name)	(Address)	
3.	The general type of busines  Retail Trade  Wholesale Trade	ss transacted under the Construction Agriculture	assumed business name is:  Transportation and Public Utilities  Mining
4.		Manufacturing	<ul><li>Finance, Insurance, and Real Estate</li><li>Name and address for this acknowledgment</li></ul>
	DARIA WOHALI		CODY IS (if other than # 4).
	(Name) 4107 SAMUELSON AVE A	APT A 203	(Name)
	(Address)		(Address)
		D         83864           State)         (Zipcode)	(City) (State) (Zipcode)
Printed Name: DARIA WOHALI Secretary of State use only			
		1. 1	, , , , , , , , , , , , , , , , , , , ,
Signature Jala Wollale			IDAHO SECRETARY OF STATE
Printed Name:			10/31/2017 05:00 CK:856940 CT:248171 BH:1609801 16 25:00 = 25:00 ASSUM NAME #2
Signature:			D1980 14
Printed Name:			110011