



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2018 MAR 12 AM 9:41

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:
LC Valley Food Safety Training

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):

Shelli Hardie 418 Crestline Circle Dr., Lewiston, ID 83501

(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

Shelli Hardie

(Name)

418 Crestline Circle Dr.

(Address)

Lewiston, ID 83501

(City)

(State)

(Zipcode)

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

(Name)

(Address)

IDAHO SECRETARY OF STATE

~~03/12/2018 05:00~~

CK:276 CT:354385 BH:1631910

1@ 25.00 = 25.00 ASSUM NAME #2

Secretary of State use only

D201079

Printed Name: Shelli Hardie

Signature: Shelli Hardie

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____