

## CERTIFICATE OF ASSUMED BUSINESS NAME

2015 FEB 19 AM 8: 55

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

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

Jayne Ann Je  2 The true nar		ss(es) of the e	ntity or individual(s) doing	-
The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> Megan Chandler      Cortnie Chandler  Lydia Chandler		963 N Elki	, , , , , , , , , , , , , , , , , , , ,	
Retail Whole Service Manuf	Trade Transportsale Trade Construc	tation and Pub ction re	Submit Certificate of Assumed Business Name and \$25.00 fee to:	
corresponde Megan Chand	nd address to which future ence should be addressed ler Way, Eagle, ID 83616		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and a copy is (if other	ddress for this acknowled r than # 4 above):	gment		
Signature: AAAA	Jan Charller	_	Secretary of State use only	<u> </u>
Printed Name: Meg Capacity/Title: Own Signature: \( \int \frac{1}{2} \)	an Chandler		IDAHO SECRETARY OF STA 02/19/2015 05:0 CK:1722 CT:158010 BH:14 16 25:00 = 25:00 ASSUM 1	0 462540

abrupted Rev. 07/2010

1)176858

Capacity/Title: Business Manager