

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing. FILED EFFECTIVE 07 SEP 21 AM 8: 29

SECRETARY OF STATE STATE OF IDAHO

115385

business is: Simple	er Times Village
The true name(s) and business address(business under the assumed business not	
3. The general type of business transacted	under the assumed business name is:
 ✓ Retail Trade ☐ Transportat ☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estat 4. The name and address to which future correspondence should be addressed: 840 Addison Avenue Twin Falls, ID 83301 	Submit Certificate of Assumed Business
5. Name and address for this acknowledg copy is (if other than #4 above): Region IV Development Corporat P.O. Box 5079	
gnature: Noon Signature required) cinted Name: Colleen Sievers apacity/Title: Owner (see instruction #8 on back of form)	Security of State Security of Secu