

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2014 JUN 10 AM 8: 21

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

SECRETARY OF STATE

Snowflake	
The true name(s) and <u>business</u> address business under the assumed business	• • • • •
<u>Name</u>	Complete Address
Crystal Alexander	559 Pierce Street Albion, ID 83311
	d under the assumed business name is:
 Wholesale Trade ☐ Construct Services ☐ Agricultur Manufacturing ☐ Mining Finance, Insurance, and Real Est 	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Crystal Alexander	Secretary of State 450 North 4th Street PO Box 83720
P.O Box 35	Boise ID 83720-0080
Albion, ID 83311	- 208 334-2301
Name and address for this acknowledg copy is (if other than # 4 above):	ment
C -0 000 1 1001	Secretary of State use only
ature: Crystal AlexanolL	IDAHO SECRETARY OF STATE
ed Name: Crystal Alexander	06/10/0014 85.00
acity/Title:Owner	- 06/10/2014 05:00 CK:318 CT:297809 BH:142852

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Capacity/Title: