

CERTIFICATE OF ASSUMED BUSINESS NAME

2017 NOV -6 PM 1=59

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

SECRETARY OF STATE STATE OF IDAHO

Filing fee: \$25.00. 1. The assumed business name which the undersigned use(s) in the transaction of business is:

Bugs Be Where		
	ty names and business ad ame (do <u>not</u> include the name <u>y</u>	Idress(es) of those doing business under you listed in #1):
Nichole R. Manson PO Box 14 Tendoy, Idaho 83468-0014		daho 83468-0014
(Name)	(Address)	
The general type of busin	ness transacted under the	assumed business name is:
☐ Retail Trade☐ Wholesale Trade☒ Services	ConstructionAgricultureManufacturing	Transportation and Public UtilitiesMiningFinance, Insurance, and Real Estate
Mailing address for future C.A.Bloodgood (Name)	correspondence:	5. Name and address for this acknowledgment copy is (if other than # 4):
523 River Street		(Name)
(Address) Salmon	ID 83467	(Address)
(City)	(State) (Zipcode)	(City) (State) (Zipcode)
rinted Name: Nichole R. Manson		Secretary of State use only
Printed Name: NIWE MANSON		IDAHO SECRETARY OF STATE 11/06/2017 05:00
gnature:		CK:1005 CT:348056 BH:1610812 1@ 25.00 = 25.00 ASSUM NAME #2
rinted Name:		
ignature:		DIG8232

Rev. 08/2015