

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2017 FEB 10 AM 8: 33

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	Filling fee		SECRETARY OF STATE	
1.	1. The assumed business name which the undersigned use(s) in		ss name which the undersigne	STATE OF TOATION 5 ad use(s) in the transaction of business is:
	Crippled Dog Deals			
				
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):			
	Kara Harris	219 w. 2nd s. Grace,	ID 83241	
	(Name)	(Address)		
	Maranda Whiting	po box 116 Inkom, ID) 83245	
	(Name)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)		
3.	The general type of base Retail Trade Wholesale Trade Services	ousiness transacted under the Construction Agriculture Manufacturing	assumed business name is: Transportation and Public Utilities Mining Finance, Insurance, and Real Estate	
4.	Mailing address for for	uture correspondence:	 Name and address for this acknowledgment copy is (if other than #4): 	
	Kara Harris			
	(Name)		(Name)	
	219 w. 2nd s.		(Address)	
	Grace, ID 83241		() (d.) (33)	
	(City)	(State) (Zipcode)	(City) (State) (Zipcode)	
Printed Name: Kara Harris			Secretary of State use only	
ei.	marine Kala Ho	llia		
	gnature: <u>NIIa TU</u>	0001	IDAHO SECRETARY OF STATE	
Pr	inted Name: Maranda	Whiting	02/10/2017 05:00	
Si	gnature: <u>Makanda)</u>	R. Whiting	CR:1424 CT:334491 BH:1568434 16 25.00 = 25.00 ASSUM NAME #2	
Рι	inted Name:			