

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.



2016 APR 14 AM 9: 54 SECRETARY OF STATE

The assumed bus	siness name whic	ch the undersi	igned use(s) in the	STATE OF IDA transaction of busine	STATE SSAs:	
Sign of Faith			.,			
	•		s address(es) of th ame you listed in #1):	iose doing business ui	nder	
Angela R Tuuri	8586	8586 N Audubon Dr, Hayden, ID 83835-8575				
(Name)	(Addre	ss)				
(Nome)	(Addre	ss}				
(Name)	(Adare	·\$6;				
(Name)	(Addre	:39)				
3. The general type	of business trans	sacted under t	the assumed busir	ness name is:		
		Construction Agriculture Manufacturin	☐ Tran ☐ Mini	sportation and Public		
4. Mailing address f	or future correspo	ondence:	5. Name and copy is (if oth	address for this ackno	wledgment	
Angela R Tuuri			(Name)			
8586 N Audubor	n dr		(
(Address)	ID	83835	(Address)			
Hayden (Cirv)	(State)	(Zipcode)	(City)	(State)	(Zipcode)	
Printed Name: <u>Ange</u>	la R Tuuri			Secretary of State use only		
Signature:	le L. Tuur	<u> </u>				
Printed Name:			IDAHO SECRETARY OF STATE 04/14/2016 05:00			
Signature:				176287 CT:158010 25.00 = 25.00 AS:		
Printed Name:						
Signature:			\mathcal{L}	D185879		

Rev. 08/2015