OH

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

2017 AUG 21 PM 4: 01

FILED EFFECTIVE

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

Filing fee: \$25.00.

SECRETARY OF STATE

		STATE OF IDAHO
 The assumed business name which the undersigned use(s) in the transaction of business is: 		
McMahen's home for scones		
2. The individu	12) and/or ontity names and by sin	
 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): 		
NC - Magee's		n Way, Kuna, Idaho 83634
(Name)	COLLANDERS)	
(Name)	(Addrson)	
(Ivaille)	(Address)	
(Name)	(Address)	
(Name)	(Address)	
O The second of		
3. The general type of business transacted under the assumed business name is:		
⊠ Retail Tr		Transportation and Fubile Clinics
Services	ale Trade	
	, Manufacta	Finance, Insurance, and Real Estate
4 88-11:		-
4. Mailing addre	ess for future correspondence:	Name and address for this acknowledgment copy is (if other than # 4):
Stacey L. W	/illiams	COPY IS (II Outer trial) # 4).
(Name)		
1444 N. Har (Address)	em Way	
Kuna	ldaho 83634	(Address)
(City)	(State) (Zipcode)	(City) (State) (Zipcode)
	^	
Printed Name S	Stacey L. Williams-Smith	Secretary of State use only
Signature	Sand VIIII	/
	The state of the s	IDAHO SECRETARY OF STATE
Printed Name:		08/21/2017 05:00 CK:CASH CT:344510 BH:1599286
Signature:		10 25.00 = 25.00 ASSUM NAME #4
Printed Name:		7191010510

Director