227

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.

2005 OCT 07 AM 9: 08

Please type or print legibly.
NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

   Cup of Sunshine

2. The true name(s) and **business** address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
Laurie A Wilson	PO Box 162 Kellogg, ID 83837

3. The general type of business transacted under the assumed business name is:

   ☐ Retail Trade
   ☐ Wholesale Trade
   ☒ Services
   ☐ Manufacturing
   ☐ Transportation and Public Utilities
   ☐ Construction
   ☐ Agriculture
   ☐ Mining
   ☐ Finance, Insurance, and Real Estate

   Submit Certificate of
   Assumed Business
   Name and **$25.00** fee to:

   Secretary of State
   700 West Jefferson
   Basement West
   PO Box 83720
   Boise ID 83720-0080
   208 334-2301

4. The name and address to which future correspondence should be addressed:

   Laurie A. Wilson
   PO Box 162
   Kellogg, ID 83837

   Phone number (optional):

   _____

5. Name and address for this acknowledgment copy is (if other than # 4 above):

   AmericanWest Bank
   120 Railroad Ave.
   Kellogg, ID 83837

   Secretary of State use only

Signature: _____
(signature required)

Printed Name: Laurie A. Wilson

Capacity/Title: Owner
(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
10/07/2005 05:00
CK: 287288137 CT: 158010 BH: 915888
1 @ 25.00 =   25.00 ASSUM NAME # 2

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