D121820



## **CERTIFICATE OF ASSUMED BUSINESS NAME**

|  | FILED EFFECTIVE  |
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| CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, th submits for filing a certificate of Assumed Be Please type or print legibly. NOTE: See instructions on reverse before | re filing.   |
| The assumed business name which the und<br>business is:     A Life's N   | dersigned use(s) in the transaction of   |
| 2. The true name(s) and business address(es) business under the assumed business name  Name  LifeMoves, LLC  |  |
| 3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate            | der the assumed business name is:  and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:   |
| The name and address to which future correspondence should be addressed:     A Life's Move, LLC, Cheryl Carriere, Manager     9323 N. Government Way PMB 212     Hayden, ID 83837                | Idaho Secretary of State<br>450 N 4th Street<br>PO Box 83720<br>Boise ID 83720-0080<br>(208) 334-2301  |
| 5. Name and address for this acknowledgme copy is (if other than #4 above).  | <b>int</b>   |
| rinted Name Cheryl Carriere Capacity/Title: Manager (see instruction # 8 on back of form)  | Secretary of State use only  Secretary of State use only  IDAHO SECRETARY OF STATE  OS/14/2008 &5:200  CK: 111463 CT: 172899 BH: 1115862  1 8 25.00 = 25.00 ASSUM NAME 8 2 |