

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2014 OCT 31 AM 8: 47

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

| The assumed business name which the urbusiness is: Each Peach Studio | |
|--|---|
| 2. The true name(s) and <u>business</u> address(est business under the assumed business name Name Each Peach Studio, LLC (W/43337) | s) of the entity or individual(s) doing me: <u>Complete Address</u> 811 E. E St. Moscow, Idaho 83843 |
| 3. The general type of business transacted ur Retail Trade Transportation Wholesale Trade Construction Services Agriculture | nder the assumed business name is: n and Public Utilities |
| ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate | Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| 4. The name and address to which future correspondence should be addressed: Each Peach Studio, LLC 811 E. E St. Moscow, Idaho 83843 | Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgmen copy is (if other than # 4 above): | t |
| Signature: | Secretary of State use only |
| Printed Name: <u>Hirt Gall</u> Capacity/Title: <u>Member</u> Signature: | IDAHO SECRETARY OF STATE 18/31/2014 05:00 CK:311 CT:302779 BH:14476. 16 20.00 = 20.00 ASSUM NAME |
| Printed Name:Capacity/Title:sbn.pmd Rev. 07/201 | IDAHO SECRETARY OF STATE 10/31/2014 05:00 CK:2329084 CT:172099 BH:144: 16 5.00 = 5.00 ASSUM NAME |

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