27				
A COLOR	CERTIFICATE OF		FILED EFFECTIVE	
ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned [1] JUN 25 AM 9:09 submits for filing a certificate of Assumed Business Name.				
Please type or print legibly. NOTE: See instructions on reverse before filing. Secont ARY OF STATE Secont ARY OF STATE				
 The assumed business name which the undersigned use(s) in the transaction of business is: 				
	Most	y Sunny		
 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: 				
	Name Susan M. Selle		Complete Address 1610 E 1st Ave Post Fails, ID 83854	
		iC	10 E 13LAYE FUSIF CH3, 10 00004	
3. The general type of business transacted under the assumed business name is:				
	Retail Trade	and Put	blic Utilities	
=	Wholesale Trade Construction		F	
	Services L Agriculture		Submit Certificate of Assumed Business	
	Finance, Insurance, and Real Estate		Name and \$25.00 fee to:	
	ame and address to which future		Idaho Secretary of State	
	pondence should be addressed:		450 N 4th Street PO Box 83720	
Susa	n Selle		Boise ID 83720-0080	
1610	E 1st Ave		(208) 334-2301	
Post	Falls, ID 83854			
5. Name and address for this acknowledgment				
сору	IS (if other than # 4 above).			
		[Secretary of State use only	
		55		
Signature:	Swon Lill	ns\abn.p		
Printed Name	e: Susan Selle	brms vabn form Revised 04/2003		
Signature: <u>Susan Selle</u> Capacity/Title: <u>Sole prop.owree</u>				
	(see instruction # 8 on back of form)) (15 (15)	IDAHO SECRETARY OF STATE 06/25/2010 05:00 CK: 3893 CT: 158010 BH: 122825 1 0 25.00 = 25.00 ASSUM NAME	
			D14031/	