

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.

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

2014 MAY 21 PH 2: 50

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

SEAR DANGERS USATE STATE OF IDAHO

	<u>Name</u>	Complete Address
	Diana Witten	126 Goodall St. Mountain Home, ID 83647
	Keith Witten	126 Goodall St. Mountain Home, ID 83647
3.	The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction	nder the assumed business name is: n and Public Utilities
	Services Agriculture 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: Cherished Memories Too	Secretary of State 450 North 4th Street PO Box 83720
	Mountain Home 124 Goodall St. Idaho 83647	Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	
		Secretary of State use only

301.000 Rev.07/2010

10 25.00 = 25.00 ASSUM NAME #2

D171387

Printed Name: Keith Witten

Capacity/Title: Operations Officer