

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE 2015 JUN -8 AM 9: 13

SECRETARY OF STATE STATE OF IDAHO

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

2. The true	JILTING RETREAT	es(es) of the entity or individual(s) doing
Name		Complete Address
SHELLI	EY D JONES	1820 T STREET, HEYBURN, ID 83336
☐ R		
[- - -]	anufacturing	Submit Certificate of Assumed Business state Name and \$25.00 fee to:
corresp	ne and address to which future ondence should be addressed: Y D JONES	450 North 4th Street PO Box 83720
2863 JA	NIS DR. 1 ID 83318	Boise ID 83720-0080 208 334-2301
5. Name a	and address for this acknowledg	ment
	11 11 610	Secretary of State use only

CK:13903 CT:311082 BH:1478782 1@ 25.00 = 25.00 ASSUM NAME #2

179571

Printed Name: STEVEN P JONES Capacity/Title: SIGNER

Signature:

Capacity/Title: OWNER

abn.pmd Rev. 07/2010