



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED/EFFECTIVE
02 APR 12 AM 9:36

SECRETARY OF STATE
STATE OF IDAHO

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

Rainbow's End

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Renee Taylor

Randall Taylor

Complete Address

348 Elgin st ; Notus, Id 83656

348 Elgin St; Notus, Id 83656

3. The general type of business transacted under the assumed business name is:

- | | |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Rainbow's End

P.O.Box 206

Notus, Id 83656

Submit Certificate of
Assumed Business
Name and **\$20.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

(208) 459-6249

Signature: _____

Renee Taylor
(signature required)

Printed Name: _____ Renee Taylor

Capacity/Title: _____ owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\form\abn form\abn.p65
Revised 01/2001

IDAHO SECRETARY OF STATE
04/12/2002 05:00
CK: 2898 CT: 158018 BH: 458848
1 @ 20.00 = 20.00 ASSUM NAME # 2

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