

CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 AUG 13 AM 8: \$2

SECRED BY OF STATE STATE OF IDAHO

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

	In the Playroom
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> Tiffany McPherson	
Retail Trade Transpor Wholesale Trade Constru	
Services Agriculton Manufacturing Mining Finance, Insurance, and Real E	Submit Certificate of Assumed Business
4. The name and address to which futur correspondence should be addressed 5250 East 65th South	d: 450 North 4th Street PO Box 83720
Idaho Falls, Idaho 83406	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowled copy is (if other than # 4 above):	dgment
Tillage Al Maria	Secretary of State use only
inted Name: Tiffany McPherson apacity/Title: Owner	0141406
gnature:	IDAHO SECRETARY OF STATE
rinted Name:apacity/Title:	

abri.pmd Rev. 07/2010