

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. STATE OF TOP HU

	Sleepro
The true name(s) and business ad business under the assumed business Name Patricia Morgan	Idress(es) of the entity or individual(s) doing ness name: Complete Address 6088 N. Colfax, Dalton Gardens, ID 83815
Retail Trade Trans	sacted under the assumed business name is:
	Name and \$25.00 fee to:
correspondence should be addres Patricia Morgan	
6088 N. Colfax Dalton Gardens, ID 83815	Boise ID 83720-0080 208 334-2301
5. Name and address for this ackno copy is (if other than # 4 above).	wledgment Phone number (optional):
	Secretary of State use only
gnature: Sallow AMay (signature required)	Scool of the state
rinted Name: Patricia A. Morgan anacity/Title: Owner	Normsta
capacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE

1 # 25.00 = 25.00 ASSUM MANE # 2

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