## **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.

Z013 MAR 20 PM 1: 08

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

SECRETARY OF STATE STATE OF TOAHO

Treasured Troves  2. The true name(s) ar	nd business address(e	s) of the entity or individual(s) doing	
business under the	assumed business nai	me:	
<u>Nam</u>	<u>e</u>	Complete Address	
Kris Armstrong		3906 East Clearsprings Drive Nampa, ID 63686	
2 The			
		nder the assumed business name is:	
Retail Trade		n and Public Utilities	
Wholesale Tra			
☐ Services	Agriculture	Submit Certificate of	
Manufacturing		Assumed Rusiness	
☐ Finance, Insur	ance, and Real Estate	Name and \$25.00 fee to:	
4. The name and addre	ess to which future		
correspondence should be addressed:		Secretary of State 450 North 4th Street	
·		PO Box 83720	
3906 East Clearsprings	Drive	Boise ID 83720-0080	
Nampa, ID 83686		208 334-2301	
5. Name and address f	or this asknowledges		
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12			
		Secretary of State use only	
nature:			
nted Name: Kris Armstro	ıg		
apacity/Title: Owner			
gnature:			
nted Name:		TRAUR CEMPETADY OF CTATE	
pacity/Title:		IDAHO SECRETARY OF STATE 03/20/2013 05:00	
hacky inc.		CK: 1329613 CT: 172099 BH: 1365560 1 0 25.00 = 25.00 ASSUN NAME 0 2	

1)161881