

## 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.

2013 JUN 11 AM 9: 00

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

SECRETARY OF STATE STATE OF IDAHO

	STATE OF IDAHO
The assumed business name which the undoposition business is:	dersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name  ALIXANDRA BROWNING	of the entity or individual(s) doing ne:  Complete Address  6713 FAIR VIEW, STE. B  BOISE, ID 83704
3. The general type of business transacted un  Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature:	Secretary of State use only
Printed Name: ALIXANDRA BROWNING Capacity/Title: DWAER Signature: Printed Name: Capacity/Title:	IDAHO SECRETARY OF STATE  96/11/2013 95:00  CX: 14684919978 CT: 199381 BH: 1377627 1 8 25.88
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