Printed Name:

Capacity:__

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHGE JAN 12 AM 9: 08 Pursuant to Section 53-504, Idaho Code, the undersigned STATE



1.	The assumed business name which the ubusiness is: ALL To Gether	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	<u>Name</u>	Complete Address
	Janine Meunier	1602A E. Seltice WAY F POST FALLS, ID 83854
3.	The general type of business transacted u	•
,	Retail Trade	Finance, Insurance, and Real Es
	correspondence should be addressed:	Phone number (optional): 28-777- 4066
	See Above #2	Submit Certificate of Assumed Business Name and \$20.00 fee to:
	Name and address for this acknowledgme copy is (if other than # 4 above). Janine Meunier	PO Box 83720 Boise ID 83720-0080
	ourite redirer	208 334-2301
•	1602A E Seltice Way #321 Post Falls ID 83854	Secretary of State use only IDANO SECRETARY OF STATE

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