

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 -3 AN 8: 56

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

The assumed business name which the undersigned business is:	use(s) in the transaction of
Corisa Thibautt 2215 4	Complete Address J. Los Flores Dr. Mendian, 1D 6 J. Los Flores Dr. Meridian, 1D
3. The general type of business transacted under the a Retail Trade Transportation and Pub Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to:
correspondence should be addressed: Babemade 2215 W. Los Flores Dr. Meridian, 10 83646	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Samuel Shake was and
Signature: Authority Printed Name: Ashley Knight Capacity/Title: Partner Signature: Carisa Anbault Printed Name: Carisa Thibault	Secretary of State use only IDAHO SECRETARY OF STATE

abn.pmd Rev. 07/2010

Capacity/Title: Partner

IDAHO SECRETARY OF STATE

06/03/2013 05:00

CK: 21158152154 CT: 283883 BH: 1376244

1 # 25.88 = 25.88 ASSUM NAME # 2