

Signature:

## CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

2018 FEB 20 AN 10-42 SECRETARY OF STATE STATE OF IDARD

1.	The assumed business name which the undersigned use(s) in the transaction of business is:  Red Clover Mercantile  The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):  Red Clover Apothecary LLC 528 W Colorado Ave Nampa ID 83686  (Name) (Address)  (Address)			
2.				
	(Name)	(Address)		
	(Name)	(Address)		
3.	The general type of business transacted under the assumed business name is:			
	<ul><li>Retail Trade</li><li>Wholesale Trade</li><li>Services</li></ul>	Construction Agriculture Manufacturing	l	<ul><li>Transportation and Public Utilities</li><li>Mining</li><li>Finance, Insurance, and Real Estate</li></ul>
4.	Mailing address for future	correspondence:	5.	Name and address for this acknowledgment copy is (if other than # 4):
	Red Clover Mercantile			(Name)
	(Name) 528 W Colorado Ave			(Name)
	(Address) Nampa ID 83686			(Address)
		(State) (Zipcode)		(City) (State) (Zipcode)
Printed Name: Rinda Fullmer				Secretary of State use only
Sig	gnature: Inn	hu		
Printed Name:			ļ	IDAHO SECRETARY OF STATE 02/20/2018 05:00
	Signature:			CK:1025 CT:308011 BH:1627680
Printed Name:				1@ 25.00 = 25.00 ASSUM NAME #2
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Rev. 08/2015