



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2018 APR 11 AM 8:45

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

RESTORATION MARKET

2. 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):

(Name) Amy Langhans (Address) 1998 Bunting LN Post Falls, ID 83854

(Name) _____ (Address) _____

(Name) _____ (Address) _____

(Name) _____ (Address) _____

3. The general type of business transacted under the assumed business name is:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

(Name) Amy Langhans
(Address) 1998 Bunting LN
(City) Post Falls (State) ID (Zipcode) 83854

5. Name and address for this acknowledgment copy is (if other than #4):

(Name) _____
(Address) _____
(City) _____ (State) _____ (Zipcode) _____

Printed Name: Amy Langhans

Signature: Amy Langhans

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/11/2018 05:00

CK:1437 CT:158010 BH:1637606

1@ 25.00 = 25.00 ASSUM NAME #2

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