

CERTIFICATE OF ASSUMED BUSINESS NAME

ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. Please type or print legibly. Instructions are included on back of application. 1. The assumed business name which the undersigned use(s) in the transaction of business is:	
1. The assumed business name which the undersigned use(s) in the transaction of business is: Miss Tacho Supreme (Berry lege) 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Hava T. Keyber 3607W. Park Creek, Mendan, 12.836 Theyes C. Washburn 1936N, Willaudenn 1. Star 14.8360 3. The general type of business transacted under the assumed business name is:	
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business under the assumed business name: Name Complete Address Kara T. Keyber 3607W. Park (19ek, Meridian, Id. 836e Theyesp C. Washburn 1936n), Willow Glenn Pl. Star Id. 8360 3. The general type of business transacted under the assumed business name is:	2 <u>/</u> 2
Hara T. Keyber 3607W. Park Creek, Mendian, Id. 836e Theresh C. Washburn 1936n. Willow Glenn Pl. Star Id 8360. 3. The general type of business transacted under the assumed business name is:	
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Wholesale Trade Construction	
Services	
Manufacturing Mining Submit Certificate of Assumed Business	
Finance, Insurance, and Real Estate Name and \$25.00 fee to:	
The name and address to which future Secretary of State	
correspondence should be addressed: 450 North 4th Street PO Box 83720	
Poiss ID 93720 0090	
1936 N. WillowGlen Rlace 208 334-2301	
5. Name and address for this acknowledgment	
COPY is (if other than # 4 above).	
Secretary of State use only Signature: Large C. Cachleur	

IDAHO SECRETARY OF STATE 97/09/2013 05:00 CK: 2015 CT: 285120 BH: 1381321 1 8 25.00 = 25.00 ASSUM MANE # 2

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Printed Name: Theresa C. WAShburn

Capacity/Title: DW ne

Printed Name: KATA

Capacity/Title: Owner

Signature: