

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## **FILED EFFECTIVE**

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

Filing fee: \$25.00.

Signature:

2016 FEB -9 AM 8: 52

The assumed busines Heather Lawrence C	ss name whice	ch the undersig	ed use(s) in the transaction of business is: STATE OF IDAHO			
The individual and/or the assumed busines Heather Lawrence	ss name (do <u>n</u>	ot include the nan	• •			
(Name)	(Addre	(Address)				
(Name)	(Addre	ss)			· · · · · · · · · · · · · · · · · · ·	
(Name)	(Addre	ss)				
(Name)	(Addre	ss)	<u> </u>		<del> </del>	
<ul><li>☐ Wholesale Trade</li><li>☐ Services</li><li>Mailing address for fu</li></ul>	ture correspo	Agriculture Manufacturing  ondence:	5. Name and add	e, Insurance, and Re dress for this acknow		
Heather Lawrence			COPY IS (if other the	nan # 4):		
(Name) PO Box 648			(Name)		······································	
(Address) Council	ID	83612	(Address)			
(City)	(State)	(Zipcode)	(City)	(State)	(Zipcode	
nted Name: Heather Lawrence			Secretary of State use only			
gnature <u>Mathu</u>	Laure	nce.	10	and the special section of the secti	T 100	
inted Name:			1DAHO SECRETARY OF STATE 02/09/2016 05:00			
gnature:				CK:4643 CT:254758 BH:1512944 16 25:00 = 25:00 ASSUM NAME #2		
inted Name:						
anature:				D184358		