

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Instructions are included on back of application.

Please type or print legibly.

FILED EFFECTIVE 2015 MAY 19 AM 8: 19

The true name(s) and <u>business</u> address(e business under the assumed business name <u>Name</u> Tamra Turner	· · · · · · · · · · · · · · · · · · ·
The general type of business transacted u Retail Trade Transportatio Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Tamra Turner 2192 Tendoy Street Twin Falls, ID 83301 Name and address for this acknowledgme copy is (if other than # 4 above):	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301

IDAHO SECRETARY OF STATE

05/19/2015 05:00

CK:409 CT:301595 BH:1476185 16 25.00 = 25.00 ASSUM NAME #2

() [7*91*34

Capacity/Title: Owner

Printed Name: ____

Capacity/Title:

Signature: _____