

Signature:

Printed Name:\_

Capacity/Title:\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

09 SEP -9 AM 10: 44

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business address(es) of to business under the assumed business name:  Name  Heather M. Rowe  46	he entity or individual(s) doing  Complete Address  32 W. Blue Creek Ct, Meridian, Idaho 83642
The general type of business transacted under t	he assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Heather M. Rowe	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
4632 W. Blue Creek Ct.	(208) 334-2301
Meridian, Idaho 83642  Name and address for this acknowledgment	

Revised 04/2003

Heather M. Rowe

Owner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

29/29/2009 25:00

CK: CASH CT: 158010 BH: 1186298
1 0 25.00 = 25.00 ASSUM NAME # 2

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