

Signature:\_\_\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Filing fee: \$25.00.

2015 OCT 26 AH 10: 15

1. The assumed business name which the undersigned use(s) in the transablidation of business is:  TH Verthures  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):  Halia And Wasson (OS CAMASTON CT NAME) TO \$3651  [Name] (Address)  [Name] (Add		3		Property and a second second	
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):  ### ### ### ### ### ### ### ### ### #	1.	SEGMENTS SECTION TO SECTION TO SECTION TO SECTION OF SAME TO SAME			
the assumed business name (do not include the name you listed in #1):    Malia Ann Wassan					
the assumed business name (do not include the name you listed in #1):    Malia Ann Wassan					
Mailing address for future correspondence:   Mailing address for	2.	The individual and/or entity names and business address(es) of those doing business under			
(Name) (Address)  3. The general type of business transacted under the assumed business name is:    Retail Trade		the assumed business name (do <u>not</u> include the name you listed in #1):			
(Name) (Address)  3. The general type of business transacted under the assumed business name is:    Retail Trade		Halia Ann Wassa	in 105. Code	restone Ct. Nompa, ID 83651	
(Name) (Address)  3. The general type of business transacted under the assumed business name is:    Retail Trade		John Holmes Wa	sson 105 rold	destare (+. Nove as TD 83651	
3. The general type of business transacted under the assumed business name is:  Retail Trade Agriculture Mining Services Manufacturing Finance, Insurance, and Real Estate  4. Mailing address for future correspondence:  5. Name and address for this acknowledgment copy is (if other than # 4):    Compared Compared Copy is (if other than # 4):   Copy is (if other than # 4):		(Name)	(Address)		
3. The general type of business transacted under the assumed business name is:  Retail Trade Agriculture Agriculture Mining Finance, Insurance, and Real Estate  4. Mailing address for future correspondence:  5. Name and address for this acknowledgment copy is (if other than #4):  Name    Name		(Name)	(Address)		
3. The general type of business transacted under the assumed business name is:  Retail Trade Agriculture Agriculture Mining Finance, Insurance, and Real Estate  4. Mailing address for future correspondence:  5. Name and address for this acknowledgment copy is (if other than #4):  Name    Name					
Retail Trade    Retail Trade		(Name)	(Address)		
Retail Trade    Retail Trade	2	The general type of hysiness transacted under the assumed hysiness name is:			
Wholesale Trade Agriculture Mining Finance, Insurance, and Real Estate  4. Mailing address for future correspondence:  5. Name and address for this acknowledgment copy is (if other than # 4):  Walica Ann Wassan  (Name)  (Name)  (Name)  (Name)  (Name)  (State)  (Zipcode)  Printed Name: Ualica Ann Wassan  Signature:  Daho Secretary of State use only  IDAHO SECRETARY OF STATE  10/27/2015 05:00  CR: CASH CT: 158010 BH:1497863  16: 25.00 = 25.00 ASSUM NAME #2	J.				
A. Mailing address for future correspondence:  5. Name and address for this acknowledgment copy is (if other than #4):    Copy is (if other than #4):   Copy		<u></u>	==	•	
4. Mailing address for future correspondence:    Mailing address for future correspondence:   5. Name and address for this acknowledgment copy is (if other than # 4):   Mailing Ann Wassan (Name)   (Name)   (Address)   (Address)   (City) (State) (Zipcode)   (City)			<del></del>		
Copy is (if other than # 4):    Copy is (if other than # 4):		X Services	Manufacturing	Finance, insurance, and Rear Estate	
Copy is (if other than # 4):    Copy is (if other than # 4):	4	Moiling address for future	porroppondonas:	E. Name and address for this asknowledgment	
City   City   (State)   (Zipcode)   (City   (State)   (Zipcode)	4.	<del>-</del>			
City   City   (State)   (Zipcode)   (City   (State)   (Zipcode)		Malia Ann Wasson			
City   City   (State)   (Zipcode)   (City   (State)   (Zipcode)		Name) (Name)			
City   (State)   (Zipcode)   (City)   (State)   (Zipcode)		(Address) (Address)			
Secretary of State use only					
Signature:		(City)	State) (Zipcode)	(City) (State) (Zipcode)	
Signature:	Pri	inted Name: Martica As	and Livescon	Secretary of State use only	
Printed Name: Thur Yokuns Wassum Signature:  10/27/2015 05:00  CR: CASH CT: 158010 BH: 1497863  16 25.00 = 25.00 ASSUM NAME #2		. /// /-	4 3		
Printed Name: Thurs Wasser CR: CASH CT: 158010 BH: 1497863 1@ 25.00 = 25.00 ASSUM NAME #2 Signature:	Signature:			1	
Signature:	Printed Name: Tohy Hokus Wassow			CK: CASH CT: 158010 BH: 1497863	
Printed Name:	Si	gnature://	,	TO 20.00 - 20.00 ASSUM NAME #2	
	Printed Name:			D182231	

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