

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

O7 AUG 27 AM 9: 09 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.
NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

<b>~</b> .	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
	<i>(</i> )	Complete Address
	Mosalie D. Ebechard	257 4th AVE W WEndell, ID 833
	Melissa Maxtield-Pulley	1418 Spurlock CT Twinfalls I
	7	83301
3.	The general type of hysinose transaction	
•	The general type of business transacted ur	nder the assumed business name is:
	X Retail Trade Transportation	and Public Utilities
	Wholesale Trade Construction	Table Offices
	Services Agriculture	
	☐ Manufacturing ☐ Mining	Submit Certificate of
		Assumed Business
	Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
ł.	The name and address to which future	Secretary of State
	correspondence should be addressed:	700 West Jefferson
	Melissa Marfiell Pil	Basement West
	Maissa Martido-Tulley	PO Box 83720
	1418 Spurlock CT	Boise ID 83720-0080
	I WIN TALLS, ID 83301	208 334-2301
5.	Name and address for this acknowledgme	Dhama muud
	copy is (if other than # 4 above):	nt Phone number (optional):
	Py to thought and a above).	
		Secretary of State use only

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