

Capacity/Title: Owner

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

10 0CT 27 PH 12: 30

STATE OF IDAHO

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

Please type or print legibly. Instructions are included on back of application.

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2.	The true name(s) and <u>business</u> address(est business under the assumed business name Name Summer Anderson Loni Robertson	• • • • • • • • • • • • • • • • • • • •
4.	Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Name and address for this acknowledgment	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
	COPY IS (if other than # 4 above): 4722 W. Camas St. Boise, Idaho 83705	
	od Name: Summer Anderson city/Title: Owner	IDAHO SECRETARY OF STATE 10/27/2010 05:200 CK: 2113 CT: 252327 BH: 1244861

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