

Printed Name: ____

Capacity/Title: ____

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2014 OCT 10 AM 8: 46

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

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the under business is: LiMitless Life	rsigned use(s) in the transaction of
The true name(s) and <u>business</u> address(es) of business under the assumed business name: <u>Name</u>	
My Text Spirationals, LLC W79852	7.0. Box 2651 Eagle, Idaho 83616
3. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is: nd Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Becky Yancey P.O. Box 2651 Eagle, Llaho 83016	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: Buly Moncey Printed Name: Becky Yoncey Capacity/Title: Owner Signature: Downer	Secretary of State use only IDAHO SECRETARY OF STATE 10/10/2014 05:00 CK:4203 CT:156997 BH:1444807 10/25.00 = 25.00 ASSUM NAME #

D174246