

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.

12.001-0 M1 9:38

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

SECTION AND DATE STATE OF ID 40

D152385

Te	ellow M	
<ol><li>The true name(s) and <u>business</u> address(e business under the assumed business na</li></ol>		
Name	Complete Address	
Melissa Osgood	PO BOX 140786  Boise, ID 83714-0786	
<del></del>	<del></del>	
3. The general type of business transacted u	under the as	ssumed business name is:
Retail Trade Transportation		
✓ Wholesale Trade ☐ Construction		
Services Agriculture	Г	
✓ Manufacturing ☐ Mining		Submit Certificate of
Finance, Insurance, and Real Estate	e	Assumed Business Name and \$25.00 fee to:
•		
I. The name and address to which future correspondence should be addressed:	<b>·</b>	Secretary of State 450 North 4th Street
Melissa Osgood		PO Box 83720
PO BOX 140786	}	Boise ID 83720-0080
BOISE ID 83714-0786		208 334-2301
5. Name and address for this acknowledgme	ent -	
COPY is (if other than # 4 above):		
	<del></del>	Secretary of State use only
nature: Melissa Dssand		
nature: Mclissa Osgood		
nted Name: Melissa Osgood		
nature:		IDAHO SECRETARY OF STATE @1/09/2012 @5:00 CK: 1016 CT: 265743 BH: 138507 1 8 25.80 = 25.00 ASSUM MAME

abn.pmd Rev. 07/2010