

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

27		*ILED ELECA
	CERTIFICATE OF ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the unders submits for filing a certificate of Assumed Business Please type or print legibly. NOTE: See instructions on reverse before filing	ME of the signed Name.
	e assumed business name which the undersigned siness is: Higher Grounds Co	
bus £	e true name(s) and business address(es) of the siness under the assumed business name: Name Kerric L. Alarid 58 C Dary + Sheri Lasater 230 Backet general type of business transacted under the	Complete Address arter Dr., Sagle, ID 83860 Complete Address 84860 Complete Address 84860 Complete Address Complete Address Complete Address 83860 Complete Address Complete Address Complete Address Complete Address Complete Address Responsible Address Complete Address Complete Address Complete Address Responsible Address Complete Address Com
V	Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
corr	e name and address to which future respondence should be addressed: See #2 above: 58 Carter D1.	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	ame and address for this acknowledgment py is (if other than # 4 above);	Phone number (optional):
		Secretary of State use only
Signature:	Kersie L. Alarid Signature required) Alarid Title: Manager	
Printed Na	(signature required) A larid Were Book of the second of	IDAHO SECRETARY OF STATE 96/29/2004 95:00 CK: 3122 CT: 15894
Capacity/	Title: Manager g	1 6 25.00 = 25.00 ASSUM NAME # 2

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