

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

Signature:\_\_\_\_

## FILED EFFECTIVE

2017 APR 24 AM 10: 18

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is:				
	Abundance Box	Abundance Box			
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):				
	Abundance Box LLC	Abundance Box LLC 2679 Pole Line Road E		ast, Twin Falls, Idaho 83301	
	(Name) W 181129	(Address)			
	(Name)	(Address)			
	(Name)	(Address)			
	(Name)	(Address)			
3.	The general type of business transacted under the assumed business name is:				
	Retail Trade Construction		☐ Transportation and Public Utilities		
	▼ Wholesale Trade  ■ Tra	X Agriculture		Mining	
	Services	Manufacturin	ıg	Finance, Insurance, and Real Estate	
4.	Mailing address for future correspondence:		5.	Name and address for this acknowledgment copy is (if other than # 4):	
	Spencer Mallett			Spencer Mallett	
	(Name)			(Name)	
	2679 Pole Line Road East			2679 Pole Line Road East	
	(Address) Twin Falls, Idaho 83301			(Address) Twin Falls, Idaho 83301	
	,	State) (Zipcade)		(City) (State) (Zipcode)	
Dri	inted Name: Spencer Mallett		Γ		
		1 0 1 1 1 -		Secretary of State use only	
Signature: Senur Nall				IDAHO SECRETARY OF STATE	
Printed Name:				04/24/2017 05:00	
THROW HAITIE.				CK:5594 CT:181915 BH:1580638	
Sig	gnature:			1@ 25.00 = 25.00 ASSUM NAME #2	
Pri	inted Name:			D . 0 0 1 0	
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