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CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, th submits for filing a certificate of Assumed B Please type or print legibly. Instructions are included on back of app	S NAME 20 EFFECTIVE Ine undersigned 20 Business Name. SECRETARY OF STATE STATE OF IDAHO
 The assumed business name which the un business is: Edibles & Essentials 	udersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(ex business under the assumed business nar <u>Name</u> Jennifer Marie Delgado	s) of the entity or individual(s) doing me: <u>Complete Address</u> 11490 W Cumberland River Dr Nampa, ID 83686
3. The general type of business transacted u Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
 The name and address to which future correspondence should be addressed: Edibles & Essentials C/O Jennifer Delgado 11490 W Cumberland River Dr Nampa, ID 83686 	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
Signature: <u>Jennifer Delgado</u> Printed Name: <u>Jennifer Delgado</u> Capacity/Title: <u>Owner</u> Signature: Printed Name: Capacity/Title:	Secrotary of State use only IDAHO SECRETARY OF STATE 05/28/2013 05:00 CK: 1416018 CT: 172099 BH: 1375572
Capacity Hue.	CK: 1416018 CT: 172099 BH: 137557

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