

CERTIFICATE OF ASSUMED BUSINESS NAME

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FILED EFFECT

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

STATE OF IDAHO

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

1. The assumed business name which the unbusiness is: Tender Hands Got The true name(s) and business address (s)	id2oning
2. The true name(s) and <u>business</u> address(e business under the assumed business national name) Name NIKKY MCBNde	
3. The general type of business transacted to Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 873 E Folgado Ch	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
0:	Secretary of State use only
Signature: White Mobile	
Printed Name: Nikky McBride	
Capacity/Title: OWNEC	IDAHO SECRETARY OF STATE
Signature:	08/03/2011 05:00 CK: 748663 CT: 172099 BH: 1285118
Printed Name:	1 0 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title:	5.10-10

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