

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 63-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2007 SEP -6 AM 11:26

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

1. The assumed business name which the undersigned use(s) in the transaction of business is:

CELLAR SOLUTIONS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

JOEL DAVID LLC

Complete Address

P.O. BOX 2493 KETCHUM, ID 83340

W066418

3. The general type of business transacted under the assumed business name is

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input checked="" type="checkbox"/> Construction
<input type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

4. The name and address to which future correspondence should be addressed:

JOEL DAVID SHINKLE

P.O. BOX 2493

KETCHUM, ID 83340

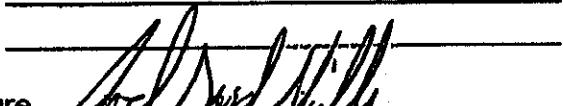
Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Secretary of State use only

Signature: 

(Signature required)

Printed Name: JOEL DAVID SHINKLE

Capacity/Title: OWNER/MANAGING MEMBER

(see instruction # 8 on back of form)

IDaho SECRETARY OF STATE
09/06/2007 05:00
CK: 1269939 CT: 172699 BH: 1074301
1 25.00 = 25.00 ASSUM NAME # 2

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