

CERTIFICATE OF ASSUMED BUSINESS NAME

(see instruction #8 on back of form)

| | _ |
|---|--|
| | NAME undersigned siness Name. STATE OF |
| CERTIFICATE OF | OFFE |
| ASSUMED BUSINESS I | NAME SAME |
| Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bus | undersigned S75 9 47 o |
| Please type or print legibly. | of the second |
| NOTE: See instructions on reverse before | filing. |
| The assumed business name which the unde | ersigned use(s) in the transaction of |
| ousiness is: | . 1 |
| SageBRUSH SALO | <u> </u> |
| The true name(s) and <u>business</u> address(es) o | of the entity or individual(s) doing |
| business under the assumed business name: | |
| Name | Complete Address |
| Mary Ann NEWCOMER | 2501 HILLWAY DRIVE |
| | BOISE, ID 83702 |
| | |
| The general type of business transacted und | ler the assumed business name is: |
| Retail Trade Transportation | and Public Utilities |
| ☐ Wholesale Trade ☐ Construction | |
| Services Agriculture | Submit Certificate of |
| Manufacturing Mining | Assumed Business |
| Finance, Insurance, and Real Estate | Name and \$20.00 fee to: |
| The name and address to which future | Secretary of State |
| correspondence should be addressed: | 700 West Jefferson Basement West |
| 2501 HILLWAY DRIVE | PO Box 83720 |
| BOISE, ID 83702 | Boise ID 83720-0080 |
| COISE TO STORY | 208 334-2301 |
| Name and address for this asknowledgmen | nt Phone number (optional): |
| Name and address for this acknowledgment copy is (if other than # 4 above): | The process remains the process of t |
| Copy to (il callo, alcalla veces). | |
| | Secretary of State use only |
| | - |
| | |
| | |
| Marcon | |
| d Name: Mary Ann Newcomes | IDAHO SECRETARY OF STATE Period 01/2001 Period 07/19/2001 05 = CK: 3501 CT: 114413 BH: 41 1 8 28.88 = 28.88 ASSUM NA |

N 48461