

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

## FILED EFFECTIVE

2015 APR 15 AM 9: 00

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

The assumed business name which the ur business is:     Tootsie's Treats	SECTION OF STATE
The true name(s) and <u>business</u> address(es business under the assumed business name Name     Alexandra Erstad	, , , , , , , , , , , , , , , , , , ,
3. The general type of business transacted up Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:     Alexandra Erstad     2510 S. Nantucket Way     Boise, ID 83706	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):	nt
Signature: Williamica Cutod	Secretary of State use only
Printed Name: Alexandra Erstad  Capacity/Title: Owner  Signature:	IDANO SECRETARY OF STATE  04/15/2015 05:00  CK:1502 CT:158010 BH:1471005  16 25.00 = 25.00 ASSUM NAME #2
Printed Name:	Dimon
Capacity/Title:	1)178317