

Capacity/Title:\_\_\_

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

## FILEDREFFECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the uno business is:  Sweet Potential	dersigned use(s) in the transaction of	
2.	The true name(s) and <u>business</u> address(es business under the assumed business name  Name  Christopher Arellano	, , ,	
3.	The general type of business transacted under the Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business	
4.	The name and address to which future correspondence should be addressed:  8513 West Evening Star  Boise, ID, 83709	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	nt	
		Secretary of State use only	
	ture: Chin Chille		
	d Name: Christopher Archans		
Capacity/Title: 6wner		IDAHO SECRETARY OF STATE  03/27/2014 05:00  CK: 1766144 CT: 172099 BH: 1417418 1 0 25.00 = 25.00 ASSUM NAME # 2	
Signature: Printed Name:			
Capacity/Title:		D170Q8	