



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2013 AUG -1 AM 9:26

SECRETARY OF STATE
STATE OF IDAHO

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

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

DONNA B AT HOME

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

Name	Complete Address
<u>Frontier Enterprises, LLC</u>	<u>420 WILHELM CREEK</u>
<u>(W 7779)</u>	<u>PO Box 810</u>
	<u>McCall Idaho</u>
	<u>83638</u>

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input 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 | |

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

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

DONNA B AT HOME
Frontier Enterprises LLC
Box 810, McCall ID 83638

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

SAME

Signature: [Signature]

Printed Name: Donna Bernstein

Capacity/Title: Mg. Partner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/01/2013 05:00
CK: 2151 CT: 262867 BH: 1384486
1 @ 25.00 = 25.00 ASSUM NAME # 3

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