

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

TREELINE HERBAL HEALTH

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

Name

Complete Address

JAN BARNES

91 EAST 1ST NORTH

DON BARNES

SODA SPRINGS, ID 83276

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

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

Phone number (optional): (208) 547-2191

IRELAND BANK

P.O. BOX 887

SODA SPRINGS, ID 83276

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

Signature: *Jan Barnes*

Printed Name: JAN BARNES

Capacity: _____

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208.334-2301

Secretary of State use only
IDaho SECRETARY OF STATE

04/09/1999 09:00
CX: 06275 CT: 1693 BH: 205785

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 2/97

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