

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 29 AM 8: 38

SECRETARY OF STATE STATE OF IDAHO

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

MAIN STREET HEALTH SHOPPE	
2. The true name(s) and <u>business</u> address business under the assumed business	s(es) of the entity or individual(s) doing name:
<u>Name</u>	Complete Address
BONNER HOLDINGS, LLC	205 DAY BREAK ROAD
(W87291)	BONNERS FERRY, ID 83805
3. The general type of business transacted	d under the assumed business name is:
	ation and Public Utilities
☐ Wholesale Trade ☐ Constructi	
Services Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of
Finance, Insurance, and Real Est	Assumed Business
	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed: BONNER HOLDINGS, LLC	450 North 4th Street PO Box 83720
205 DAY BREAK ROAD	Boise ID 83720-0080
BONNERS FERRY, ID 83805	- 208 334-2301
5. Name and address for this acknowledge	
COPY is (if other than # 4 above):	nen
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-AAAA	Secretary of State use only
nature: Abole Andre	
	-
nted Name: WESLEY WEAVER	- 10AHO SECRETARY OF STATE - 04/29/2015 05:00

CK:14106 CT:309647 BH:1473334 16 25.00 = 25.00 ASSUM NAME #2

D178689

Signature: __

Printed Name: _

Capacity/Title:_