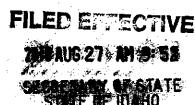


Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.



1.	The assumed business name which the undersigned use(s) in the transaction of business is: Holy Oly O's The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):			
	(Name)	(Address)		· · · · · · · · · · · · · · · · · · ·
3.	The general type of business transacted under the assumed business name is:			
	☐ Retail Trade☐ Wholesale Trade☒ Services	ConstructionAgricultureManufacturing		Transportation and Public UtilitiesMiningFinance, Insurance, and Real Estate
4.	·		Name and address for this acknowledgment copy is (if other than # 4):	
	Josie Grim			
	(Name) 9195 Poison Creek Rd			(Name)
	(Address)			(Address)
	Marsing ID 83639	(State) (Zipcode)		(City) (City) (City)
	(509)	(State) (Zipcode)		(City) (State) (Zipcode)
Pri	Printed Name: Josie Grim			Secretary of State use only
Sig	gnature: <u>AMT</u>	Leur		IDAHO SECRETARY OF STATE
Printed Name:				08/28/2018 05:00
	Signature:			CK:1098 CT:362583 BH:1661070 16 25.00 = 25.00 ASSUM NAME #2
Printed Name:				D 20502H

Rev. 08/2015