

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Filing fee: \$25.00.

2017 DEC 14 AM 8: 48

1.	The assumed business name which the undersigned use(s) in the transport of pusiness is:						
	Functional Ed	ucatro	m C	nault	y		
2.	The individual and/or entity no the assumed business name Oce Anne Hill (Name)	(do <u>not</u> include		ou listed in #1			er <u>o 836</u> 19
	(Name)	(Address)					
	(Name)	(Address)					
	(Name)	(Address)					
3.	The general type of business Retail Trade Wholesale Trade Services	Constru Agricult Manufa	uction cure cturing	☐ Tra ☐ Mi ☐ Fir	insportation and ning iance, Insurance	e, and Rea	al Estate
4.	Mailing address for future cor Dee Anne Hill (Name) 1595 NW 200 (Address) Fruit Cand Ide (State	<u>L</u>	- - 09		d address for thi	(State)	(Zipcode)
Printed Name:			- [Secretary of State use only IDAHO SECRETARY OF STATE 12/14/2017 05:00 CK:10806 CT:349693 BH:1616260 16 25:00 = 25:00 ASSUM NAME #2			
Printed Name:				D 198980			

Rev. 08/2015