	FILED EFFECTIVE
CERTIFICATE OF	
ASSUMED BUSINESS NAM	1E
Pursuant to Section 53-504, Idaho Code, the undersignation submits for filing a certificate of Assumed Business N	
Please type or print legibly.	10 SEP 17 PM 1:46
Instructions are included on back of application.	STATE OF IDAHO
 The assumed business name which the undersigned business is: 	
Wild at Hearts i	Dréan
The true name(s) and <u>business</u> address(es) of the business under the assumed business name:	enury or individual(s) doing
Name Name	Complete Address
Kachel Henrich 201	5 NEZ PErce St.
	5 10 83705
 Retail Trade Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
	Secretary of State
4. The hand address to which dure correspondence should be addressed: <u>SOIS NEZ Perce Street</u> . <u>BDISE ID 83705</u>	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
correspondence should be addressed: <u>5015 NHZ PErce, Street</u>	450 North 4th Street PO Box 83720 Boise ID 83720-0080
correspondence should be addressed: <u>SDIS NEZ PErce. Street</u> . <u>BDISE ID 837DS</u> 5. Name and address for this acknowledgment copy is (if other than #4 above): <u>Signature:</u>	450 North 4th Street PO Box 83720 Boise ID 83720-0080
correspondence should be addressed: <u>SOIS NEZ PErce. Street</u> <u>BDISE ID 837DS</u> 5. Name and address for this acknowledgment copy is (if other than # 4 above): Signature: Printed Name: <u>Actice Hermitic</u>	450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
correspondence should be addressed: <u>SOIS NEZ PErce. Street</u> <u>BDISE ID 837DS</u> 5. Name and address for this acknowledgment copy is (if other than # 4 above): Signature: Printed Name: Capacity/Title: <u>OVICE</u>	450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only
correspondence should be addressed: <u>SOIS NEZ PErce. Street</u> <u>BDISE ID 83705</u> 5. Name and address for this acknowledgment copy is (if other than # 4 above): Signature: Printed Name: Capacity/Title: <u>OVICE</u> Signature:	450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only
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