

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 08 SEP -8 AM 9: 53

SECRETARY OF STATE STATE OF IDAHO

D124672

Please type or print legibly. NOTE: See instructions on reverse before filing.

Live Lo	ove Laugh Design
The true name(s) and business address business under the assumed business Name Melissa Hammack	s(es) of the entity or individual(s) doing name: Complete Address 121 Rebecca Way Sandpoint, ID 83864
Kelly Wentz	PO Box 1333 Spirit Lake, ID 83869
3. The general type of business transacted Retail Trade Transporta	
 Wholesale Trade ☐ Construction ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future 	e Submit Certificate of Assumed Business
correspondence should be addressed: Kelly Wentz	PO Box 83720 Boise ID 83720-0080
Po Box 1333 Spirit Lake, ID 83869	(208) 334-2301
5. Name and address for this acknowledge copy is (if other than #4 above):	gment
	Secretary of State use only
gnature: Melisa Hammack July Minds	Solution Solution
nted Name: "" Melissa Hammack/ Kelly Wentz	- US S IDAHO SECRETARY OF STATE S S S S S S S S S S S S S S S S S S S
apacity/Title: Owners (see instruction # 8 on back of form)	CK: 1669 CT: 222785 BH: 1134