

Capacity/Title: OWNER

(see instruction # 8 on back of form)

CERTIFICATE OF



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

The Orchard-a Mindful Movement Studio	
The true name(s) and business address(es) of business under the assumed business name: Name April King Rubino	of the entity or individual(s) doing Complete Address 3400 Robinson Park Road, Moscow, ID 83843
	er the assumed business name is:
 Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: April Rubino	Secretary of State 700 West Jefferson Basement West PO Box 83720
801 Conestoga Moscow, ID 83843	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than #4 above):	Phone number (optional): (208) 301-4962
	Secretary of State use only
ature: And CRUS	ms/abn forms/abn.p65 wread 04/2003

IDAHO SECRETARY OF STATE 07/28/2003 05:00 CK: 244 CT: 158810 BH: 693392 1 @ 25.68 = 25.60 ASSUM NAME # 2

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