

Signature:___

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2017 MAY 22 AM 10: 03

Filing fee: \$25.00.	Coll tible from 1 and 100
· ······g · · · · · ·	SECHELING
1. The assumed business name which the undersign	ned use(s) in the transaction of business is:
GOODWINS BOUTIG	ul
2. The individual and/or entity names and business	address(es) of those doing business under
the assumed business name (do not include the name	
(Name) GOOGWIN (Address)	Survise DR. Mith. Homet
	8347
(Name) (Address)	
(Name) (Address)	
(Name) (Address)	
3. The general type of business transacted under th	e assumed business name is:
Retail Trade	☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Agriculture	Mining
Services Manufacturing	☐ Finance, Insurance, and Real Estate
A Mallian address for fitting assessment and access	Managara da
4. Mailing address for future correspondence:	Name and address for this acknowledgment copy is (if other than #4):
Tammu Goodwin	
(Name)	(Name)
(Address)	(Address)
Myn, How ID 85447 (City) (State) (Zipcode)	(City) (State) (Zipcode)
(Olale) (Zipcode)	(City) (State) (Zipowe)
Printed Name: /AMMUS GOOKWIN	Secretary of State use only
Signature: January & Handur	TOTAL CECEPTION OF CELOP
	IDAHO SECRETARY OF STATE 05/22/2017 05:00
Printed Name:	CK:3347 CT:340029 BH:1585323 1@ 25.00 = 25.00 ASSUM NAME #2
Signature:	
Printed Name:	D194635
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