

Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAME

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FILED EFFEGURE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

1.	The assumed business name which the undersigned use(s) in the transaction of business is:			
	Boba	Tease		
2.	ne true name(s) and <u>business</u> address(es) of the siness under the assumed business name: Name N Enterprises LLC 5449		e entity or individual(s) doing Complete Address Lockport Drive, Boise, ID 83703	
3.	The general type of business transacted under the Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate			
4.	The name and address to which future correspondence should be addressed: Karen Grenier 5449 W Lockport Drive Boise, ID 83703		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	nt _.		
			Secretary of State use only	
_	iture Afferru		, and the second	
	ed Name: Karen Grenier			
Capa	city/Title: Member		作者 集集社	
Signature:			IDAHO SECRETARY OF STATE	
Printed Name:		02/15/2012 05:00 CK: 1081 CT: 267034 BH: 1310758 1 0 25.00 = 25.00 ASSUM MANE N 2		

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