

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 10 SEP 10 AM 8: 13

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

SECRETARY OF STATE STATE OF IDAHO

Ado	ored Creations
The true name(s) and <u>business</u> address business under the assumed business in Name     Rahshel Holte     Meagan Terpstra	
3. The general type of business transacted  Retail Trade Transporta  Wholesale Trade Constructi  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Est	ation and Public Utilities ion e Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: 1610 n summer rose st post falls id 83854	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment
Inted Name: Rahshel Holte	Secretary of State use only
gnature: lagar lorotto	IDAHO SECRETARY OF STATE  109/10/2010 05:00  CK: 2749 CT: 158018 BH: 1238386  1 8 25.00 = 25.00 ASSUM NAME #

D142025

Printed Name: (Meagan Terpstra

Capacity/Title: owner