

D/532

CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

FEB 27 0 14 AM '97
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Jasmine Creations

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

<u>Name</u>	<u>Address</u>
<u>Michelle Reed</u>	<u>255 W. Griffith Rd.</u>
	<u>Pocatello, ID 83201</u>

3. The general type of business transacted under the assumed business name is:

Ceramic Bisque Pottery
See categories on the reverse

4. The name and address to which correspondence should be addressed:

Michelle Reed
255 W. Griffith Rd Pocatello, ID 83201

Signed Michelle Reed

By _____

Capacity Owner

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

Revision 1096
g:\corp\form\stbn.pms

IDAHO SECRETARY OF STATE
DATE 02/27/1997
0900 67822 2
CK #: no ck # CUST# 77260
ASSUM NAME 1@ 20.00= 20.00

: D

IDAHO STATE TAX COMMISSION SELLER'S PERMIT

THE BUSINESS NAMED BELOW HAS BEEN GRANTED THIS SELLER'S PERMIT. THIS PERMIT IS VALID UNTIL CANCELLED, REVOKED, OR SUSPENDED FOR CAUSE AS PROVIDED BY LAW.

ISSUE TO:

PERMIT NUMBER : 000663656-S

REED MICHELE D
JASMINE CREATIONS

ISSUE DATE : SEPTEMBER 19, 1996
EFFECTIVE DATE : SEPTEMBER 01, 1996

3953 NORA ST
POCATELLO ID 83204-2021

POST IN A VISIBLE PLACE
THIS PERMIT IS NOT TRANSFERRABLE

850 IDAHO SALES AND USE TAX RETURN

PERMIT NO. 000663656-S FROM 02-01-97 TO 02-28-97
TAX DUE ON OR BEFORE 03-20-97

JASMINE CREATIONS
MICHELE REED
255 W GRIFFITH RD
POCATELLO ID 83201

I do hereby swear or affirm that this information is true and correct to the
Authorized Signature

☐ Mailing address change ☐ Cancel permit

1. Total sales
2. Less nontaxable sales
3. Net taxable sales (line 1 minus line 2)
4. Items subject to use tax
5. Total taxable (add lines 3 and 4)
6. Tax (5% of line 5)
7. Adjustments (attach explanation)
8. Total of lines 6 and 7
9. Total after due date)
10. Total after due date)

RO00150 5-7-96	This space for State use only	33	EC	RC
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Return These

0663656 REED 08 0297 M 50 3

850 IDAHO SALES AND USE TAX RETURN

PERMIT NO. 000663656-S FROM 03-01-97 TO 03-31-97
TAX DUE ON OR BEFORE 04-21-97

JASMINE CREATIONS
MICHELE REED
255 W GRIFFITH RD
POCATELLO ID 83201

I do hereby swear or affirm that this information is true and correct to the best of my knowledge.

Authorized Signature Date

☐ Mailing address change ☐ Cancel permit

1. Total sales
2. Less nontaxable sales
3. Net taxable sales (line 1 minus line 2)
4. Items subject to use tax
5. Total taxable (add lines 3 and 4)
6. Tax (5% of line 5)
7. Adjustments (attach explanation)
8. Tax due (total of lines 6 and 7)
9. Penalty (Add after due date)
10. Interest (Add after due date)
11. Total due

RO00150 5-7-96	This space for State use only	33	EC	RC
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529966328 000663656 REED 08 0397 M 50 1



COMMUNITY
DEVELOPMENT & RESEARCH
911 N. 7th
P.O. Box 4169
Pocatello, Idaho 83205
(208) 234-6184
FAX (208) 234-6296

Please notify the City immediately,
if you discontinue this business...

HOME OCCUPATION CERTIFICATE

Name(s): MICHELLE REED
Address: 3953 Nora Phone #: 232-7392
Business Name: JASMINE CREATIONS

DESCRIPTION OF HOME OCCUPATION (INCLUDE BASIC OPERATIONAL DETAILS):

THIS FORM MUST BE COMPLETED AND RETURNED TO THE ADDRESS SHOWN ABOVE PRIOR TO COMMENCING OPERATION OF YOUR HOME OCCUPATION.

1. Will the home occupation create odors or emissions of any type? No
2. Will the home occupation employ individuals who do not permanently live at this address? No
3. Will this home occupation result in the modification of the exterior appearance of the dwelling? No
If yes, please explain: _____
4. Will business-related vehicles be kept at or near this address? No
Will any vehicular signage display your home address? No
Are any of these vehicles over 8' in width, 21'6" in length, or 9' in height? _____
Please provide the license number, classification, and gross weight for each vehicle: _____
5. Will any materials/assets/inventory be displayed or stored outdoors? No
If so, will they be fully fenced and screened from view? _____
6. Will any hazardous, flammable, or explosive materials be used or stored at this address? No
7. Will your business require on-site signage? No
Do you understand that signage associated with home occupations cannot exceed two square feet in size, must be flat-mounted on the dwelling itself, and cannot be illuminated? Yes

In addition to the terms of the Zoning Ordinance, the City of Pocatello has additional licensing procedures for certain occupations (i.e., daycares, massagists, private detective agencies/security guards). The Clerk's Office can provide additional licensing information for such occupations.

I HAVE READ THE ZONING CODE EXCERPTS (ON THE REVERSE SIDE OF THIS FORM) WHICH PERTAIN TO THE OPERATION OF HOME BUSINESSES IN POCATELLO. I AGREE TO ADHERE TO EACH STANDARD. I UNDERSTAND THAT CIRCUMVENTION OF ZONING RESTRICTIONS WITHIN A RESIDENTIAL DISTRICT IS IN VIOLATION OF MUNICIPAL CODE AND COULD RESULT IN A MISDEMEANOR CONVICTION. I CERTIFY THAT I HAVE ANSWERED THE ABOVE QUESTIONS FULLY AND TRUTHFULLY AND THAT I RESIDE AND WILL CONTINUE TO RESIDE AT THIS ADDRESS AS LONG AS MY HOME OCCUPATION IS CONDUCTED THERE.

SIGNED: M. Michelle Reed
DATE: 9-16-96