

Capacity/Title:

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

2014 JAN -7 AM 8: #9

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

	Cruisin' Beauty
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> Shannon Turley	ess(es) of the entity or individual(s) doing s name:  Complete Address  1008 E Shasta Ave Post Falls ID 83854
Wholesale Trade Construc	tation and Public Utilities ction
<ul><li>✓ Services</li></ul>	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed 1008 E Shasta Ave  Post Falls ID 83854	I SECIEIAIA OLSIAIE I
<ol> <li>Name and address for this acknowledge copy is (if other than # 4 above):</li> <li>Alejandro Belmonte</li> <li>1528 W Warm Springs Unit 100</li> </ol>	gment
Hendersop NV 89014	Secretary of State use only
signature: Sharum July	
rinted Name: Shannon Turley	<u> </u>
apacity/Title: owner	
rinted Name:	IDAHO SECRETARY OF STATE  01/07/2014 05:00  CK: 632 CT: 284138 BH: 1494812  1 8 25.00 = 25.00 ASSUM NAME # 2