

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

2018 FEB 20 AM 10: 23

FILED EFFECTIVE

Filing fee: \$25.00.

Printed Name: \_\_\_\_

Signature:

SECRETARY OF STATE

	STATE OF IDAHO		
1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	Mid Night Sparkle		
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 you listed in #1):		
	Kim Craig	711 N 6th Ave , Apt 508 Pocatello, Idaho 83201	
	(Name)	(Address)	
	(Name)	(Address)	
	(None)	(r todross)	
	(Name)	(Address)	
	(Name)	(Address)	
3.	The general type of business transacted under the assumed business name is:		
	Retail Trade	Construction	Transportation and Public Utilities
	X Wholesale Trade	Agriculture	Mining
	X Services	Manufacturing	Finance, Insurance, and Real Estate
		_	
4			
4.	Mailing address for future correspondence:		<ol> <li>Name and address for this acknowledgment copy is (if other than # 4):</li> </ol>
	Kim Craig		COPY 13 (Il other than # 4).
	(Name)		(Name)
	711 N 6th Ave		,
	(Address)		(Address)
	Pocatello Idaho 83201	(**************************************	703
	(City)	State) (Zipcode)	(City) (State) (Zipcode)
	216.	•	
Printed Name Your			Secretary of State use only
Sic	inature:	ر (ف ہے	
			IDAHO SECRETARY OF STATE
Printed Name: \_\			02/20/2018 05:00
Signature:			CK:1863 CT:353046 BH:1627653 18 25.00 = 25.00 ASSUM NAME #2

Rev. 08/2015

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