



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED

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

1. The assumed business name which the undersigned uses in the transaction of business is:

Finishing Touches

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

Name

Complete Address

Donna Arnett-Fuller

P.O. Box 232 Ketchum ID 83340

309 1st AVE. N. HAILEY ID 83333

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

Donna Arnett-Fuller

P.O. Box 232 Ketchum ID 83340

5. Name and address for this acknowledgment copy is (if other than # 4 above):

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only
IDHO SECRETARY OF STATE

08/27/1999 09:00
CK: 1006 CT: 119797 IN: 245494

1 @ 20.00 = 20.00 ASSUM NAME # 3

D28746

Signature: Donna Arnett-Fuller

Printed Name: DONNA ARNETT-FULLER

Capacity: President

(see instruction # 8 on back of form)

Revision 1/98

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