



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

02 APR 19 AM 9:07  
CLERK OF STATE  
STATE OF IDAHO

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

Destination Designs

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

Name

Complete Address

Amanda-Lynn Kainani McClelland

P.O. Box 358

Spirit Lake ID 83869

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

- ☒ Retail Trade  
☐ Wholesale Trade  
☐ Services  
☐ Manufacturing  
☐ Finance, Insurance, and Real Estate

- ☐ Transportation and Public Utilities  
☐ Construction  
☐ Agriculture  
☐ Mining

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

Mandalyn McClelland

P.O. Box 358

Spirit Lake ID 83869

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

Mandalyn McClelland

28425 Driver Ave

Agoura Hills, CA 91301

Signature: Mandalyn McClelland

Printed Name: Amanda-Lynn McClelland

Capacity/Title: Owner

(see instruction # 8 on back of form)

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

Phone number (optional):

208-623-5441  
or 917-902-2989 (cell)

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE  
04/19/2002 05:00  
CK: 11/4 CT: 158010 BH: 460311  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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