

Capacity/Title:

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

CERTIFICATE OF	FFECTIVE AND 9: 20
ASSUMED BUSINESS NAME	FER
Pursuant to Section 53-504, Idaho Code, the undersigned	CON.
submits for filing a certificate of Assumed Business Name.	Als OV
Please type or print legibly.	3:51
	場合を
1. The assumed business name which the undersigned use(s) in the transaction of	;
business is:	
Divine Design	
2. The two controls of the control o	,
<ol><li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:</li></ol>	
Name Complete Address	0
Lily Finch 2900 N Government	QJ .
#204	<u> </u>
CapustiNan	070,6
Coeura Miene Ja	83815
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Utilities	
☐ Wholesale Trade ☐ Construction	
Services Agriculture	7
Submit Certificate of	1
Finance, Insurance, and Real Estate  Name and \$25.00 fee to:	
4. The name and address to which future Secretary of State	
correspondence should be addressed: 700 West Jefferson	
Same as # 2 Basement West PO Box 83720	İ
PO Box 83720	
Boise ID 83720-0080 208 334-2301	
200 004-2501	
5. Name and address for this acknowledgment Phone number (optional):	
copy is (if other than # 4 above): 208 -755 -1497	2
200 100 17	_
Secretary of State use only	
gnature: Suy Secretary of State use only  (signature required)  inted Name: My Finch  Secretary of State use only  1990 use of State use only	

IDAHO SECRETARY OF STATE

07/06/2004 05:00

CK: 5216 CT: 158010 BH: 753966
1 0 25.00 = 25.00 ASSUM MANE # 2