

Printed Name: ashle

(see instruction # 8 on back of form)

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

09 APR 23 AM 8: 17

FILED EFFECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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	
ashley Harrington 26 Na	Mpa, 10 83686
3. The general type of business transacted under the and Retail Trade	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
signature: (signature required)	Secretary of State use only

19840 SECRETARY OF STATE 64/23/2009 05:00 CK: 1247 CT: 150010 BH: 1167186 1 0 25.00 = 25.00 ABSUM NAME #

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