

Signature:___

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE 2017 APR 10 AM 10: 46

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

Filing fee: \$25.00.

SECRETARY OF STATE

				STATE OF IDAHO	
1.	The assumed business name which the undersigned use(s) in the transaction of business is:				
	Debra M	arie Art	•		
		, ,			
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):				
	Debra Brown 4419 E. Ladino Dr Idaho Falls, 1D 83401				
	(Flame) (Audress)				
	(Name) (Address)				
	(Name) (Address)				
	(Name)	(Address)			
3.	The general type of business transacted under the assumed business name is:				
	Retail Trade	Construction	on	☐ Transportation and Public Utilities	
	Wholesale Trade	Agriculture		Mining Mining	
		Manufactu	ring	Finance, Insurance, and Real Estate	
4.					
	Mailing address for future correspondence: 5. Name and address for this acknowledgment copy is (if other than # 4):				
	Dobra Bruss			CODY 13 (if other than # 4).	
	(Name) (Name)				
	4419 E. Ladino Dr. (Address)				
	Idaho Falls	1D 23401		(7,60,400)	
	('=-(v)	(State) (Ziponde)		(City) (State) (Zipcode)	
_	noho r	2	_		
۲r	inted Name: DCDTA	Jiswn		Secretary of State use only	
Sì	Printed Name: Dlbra Brown Signature: Dlbra Brown			IDAHO SECRETARY OF STATE	
Printed Name:				04/10/2017 05:00	
	Signature:			CK:NO CK# CT:337727 BH:1578344 10 25.00 = 25.00 ASSUM NAME #2	
			Ì	TO THE TAXABLE	
۲r	inted Name:			N192539	

Rev. 08/2015