

227

FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2014 JAN 10 AM 8:15

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

STITCHES BY PAM

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

PAM CONANT

103 N LINCOLN, DIETRICH, ID 83324

TIMOTHY W CONANT

103 N LINCOLN, DIETRICH, ID 83324

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

PAM CONANT

103 N LINCOLN

DIETRICH, ID 83324

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

U S BANK

15 S IDAHO ST

WENDELL, ID 83355

Signature: Pam Conant

Printed Name: PAM CONANT

Capacity/Title: OWNER

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/10/2014 05:00
CK: 1666606 CT: 172099 BH: 1485272
1 @ 25.00 = 25.00 ASSUM NAME # 2

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