



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

**FILED EFFECTIVE**

**2015 AUG -4 AM 8:16**

**SECRETARY OF STATE  
STATE OF IDAHO**

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

Sleeping Sparrow

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):

<u>Katrin Henthorn</u>	<u>PO Box 142</u>	<u>Kuna</u>	<u>ID</u>	<u>83634</u>
(Name)	(Address)	(City)	(State)	(Zipcode)

<u>Eldon Henthorn</u>	<u>PO Box 142</u>	<u>Kuna</u>	<u>ID</u>	<u>83634</u>
(Name)	(Address)	(City)	(State)	(Zipcode)

(Name)	(Address)	(City)	(State)	(Zipcode)
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(Name)	(Address)	(City)	(State)	(Zipcode)
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3. The general type of business transacted under the assumed business name is:

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

4. Mailing address for future correspondence:

Katrin Henthorn  
 (Name)  
PO Box 142  
 (Address)  
Kuna ID 83634  
 (City) (State) (Zipcode)

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

(Name)  
 (Address)  
 (City) (State) (Zipcode)

Printed Name: Katrin Henthorn

Signature: [Signature]

Printed Name: Eldon Henthorn

Signature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Rev. 06/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

08/04/2015 05:00

CK:640124944 CT:158010 BH:1486589

1@ 25.00 = 25.00 ASSUM NAME #2

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