



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2013 APR 15 AM 9:05

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Cottage Garden Studios

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>SARAH Beth Sullivan</u>	<u>716 E. Garden Ave</u>
<u></u>	<u>Coeur d Alene, ID</u>
<u></u>	<u>83814</u>

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 checked="" 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:

716 E. Garden Ave
Coeur d Alene, ID
83814

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

Signature: Sarah Beth Sullivan

Printed Name: SARAH Beth Sullivan

Capacity/Title: Owner/Sole proprietor

Signature:

Printed Name:

Capacity/Title:

Secretary of State use only

IDAHO SECRETARY OF STATE
04/15/2013 05:00
CK: 1361632 CT: 172099 BH: 1369402
1 @ 25.00 = 25.00 ASSUM NAME # 2

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