

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

09 AUG 12 AM 11:59

SECRETARY OF STATE
STATE OF IDAHO

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

Andy Shaved Ice & Ice Cream

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

Name

Flor Delgado

Complete Address

16590 N. Grand Pine Way #29, Nampa, ID 83651

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	

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

Flor Delgado

16590 N. Grand Pine Way #29

Nampa, ID 83651

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Secretary of State use only

Signature: Flor Delgado

(signature required)

Printed Name: Flor DelgadoCapacity/Title: Owner

(see instruction #8 on back of form)

Checklist/Checkmark Form
Rev. 06/2003

IDAHO SECRETARY OF STATE
08/12/2009 05:00
CK: 296143 CT: 172699 BH: 1102666
1 @ 25.00 = 25.00 ASSUM NAME # 2

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