

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

2014 MAY 23 AM 9: 03

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

Carr1	yn R Designs
The true name(s) and <u>business</u> address under the assumed business	ess(es) of the entity or individual(s) doing
<u>Name</u>	Complete Address
Carrlyn Ross	1660 E. Evergreen Dr
	Hayden Lake, Idaho 83835
The general type of business transac	ted under the assumed business name is:
Retail Trade Transpo Wholesale Trade Constru Services Agricult Manufacturing Mining	ture Submit Certificate of
Finance, Insurance, and Real E	Assumed Business Estate Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed Carrlyn Ross Designs	i secretary of State I
1660 E. Evergreen Dr.	Boise ID 83720-0080
Hayden Lake, Idaho 83835	208 334-2301
Name and address for this acknowled copy is (if other than #4 above):	dgment
	Secretary of State use only
ature: Cambra Rosa	
ed Name: Carrlyn Ross	IDAHO SECRETARY OF STATE 05/23/2014 05:00
city/Title: Owner/Creative	CK:1573 CT:297224 BH:14

CK:1573 CT:297224 BH:1426083 1@ 25.00 = 25.00 ASSUM NAME #2

D171460

Capacity/Title:_

Signature:

Printed Name: