



# 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.**

02 JAN 24 AM 9:13  
SECRETARY OF STATE  
STATE OF IDAHO

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

Cōpia

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

Mary Tricia MacInnes

605 N. Lincoln Avenue, Sandpoint, ID  
83864

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Cōpia  
605 N. Lincoln Avenue  
Sandpoint, ID 83864

Submit Certificate of Assumed Business Name and \$20.00 fee to:  
  
Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Phone number (optional):

(208) 263-5177

Signature: M. Tricia MacInnes

Printed Name: M. Tricia MacInnes

Capacity/Title: Owner

(see instruction # 8 on back of form)

9:corpformslabn formslabn.p65  
Revised 01/2001

Secretary of State use only

IDAHO SECRETARY OF STATE  
01/24/2002 05:00  
CK: 1800 CT: 156212 DH: 441953  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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