



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 JUN 11 AM 8:42

SECRETARY OF STATE
STATE OF IDAHO

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

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

Vanilla Flair

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>Lynsi Campbell</u>	<u>4375 HWY 95</u>
<u></u>	<u>Parma, ID 83660</u>
<u></u>	<u></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 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:

Lynsi Campbell
4375 HWY 95
Parma, ID 83660

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

Lynsi Campbell
195 NW Clipper Dr.
Oak Harbor, WA 98271

Signature: Lynsi Campbell
Printed Name: Lynsi Campbell
Capacity/Title: Owner
Signature: _____
Printed Name: _____
Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/11/2014 05:00

CK:1294 CT:297860 BH:1428713
10 25.00 = 25.00 ASSUM NAME #2

D171880