

Capacity/Title:

## 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

10 OCT 25 AM 9: 10

## SECRE BRY OF STATE STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application. STATE OF LOOP

	The assumed business name which the undersigned use(s) in the transaction of business is:  Andriette's Bed, Book & Bicycle			
	The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u> Andriette Pieron			
4. (	The general type of business transacted up Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:  Andriette Pieron	n and Pub		
5. I	Moscow, ID 83843  Name and address for this acknowledgme copy is (if other than # 4 above):	nt	208 334-2301	
Signate	ure A. Pieron		Secretary of State use only	
Printed Name: Andriette Pieron				
Capacity/Title: Owner/Operator			IDAHO SECRETARY OF STATE	
Signature:		[	11/93/2018 05:00 CK: 1128 CT: 158010 BH: 1246250	
Printed Name:			1 8 25.00 = 25.00 ASSUM NAME # 2	

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