Printed Name

Capacity/Title:_(

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 DEC 16 PM12: 16

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Transformations Hypno The true name(s) and business address(es) of the business under the assumed business name: Name Tricia A. Doughty 539 Eagl	
The general type of business transacted under the Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Services Agriculture Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Services Agriculture	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State use only

corptforms\abn forms\abr

IDAHO SECRETARY OF STATE
12/16/2008 05:00
CK: 179836 CT: 172099 BH: 1148584
1 8 25.00 = 25.00 ASSUM MOME : 2

