Capacity:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINES NEDE

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO SO FEB -9 AT 8: 56



1.	The assumed business name which the unbusiness is:  Karisma's Boutique	ndersigne	d use(s) in the transaction of
2.	The true name(s) and business address(e business under the assumed business name Name	es) of the e me is/are:	entity or individual(s) doing  Complete Address
	James Lyons	415 No.	. Sullivan #C235, Veradale, WA
3.	The general type of business transacted usual (mark only those that apply)  Retail Trade	ng 🔲	Transportation and Public Utilities Finance, Insurance, and Real Es
4.			Mining
	The name and address to which future correspondence should be addressed:  Jo McDonald  421 Sherman Ave.	•	Submit Certificate of Assumed Business
	correspondence should be addressed:		Assumed Business Name and \$20.00 fee to: Secretary of State
5.	Jo McDonald 421 Sherman Ave.	· ent	Assumed Business Name and \$20.00 fee to:

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