

## CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE** 

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

10 APR 21 AM 9: 05

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

Stitch 7	To Stitch	
The true name(s) and business address(es) business under the assumed business nam     Name     Amanda Kathryn Shiffler		
3. The general type of business transacted un  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:	der the assumed business name is:  and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 63720 Boise ID 83720-0080	
Stitch to Stitch  Amanda Shiffler  737 Clarence Ct., Idaho Fails, ID 83402	(208) 334-2301	
<ol><li>Name and address for this acknowledgme copy is (if other than # 4 above).</li></ol>	nt .	
	Secretary of State use only	
nted Name: Amanda K. Shiffer owner	E.S   1,50, 25,057 n.s 150010 BH*	

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