



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2014 FEB 14 AM 10: 58

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:

Just Restyled Vintage Market

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

| Name | 354 Complete Address |
|-------------------------|-----------------------|
| <u>Cheryl L Forsman</u> | <u>940 N 8th East</u> |
| | <u>mt Home Idaho</u> |
| | <u>83647</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 checked="" 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:

Cheryl L Forsman
940 N 8th East
mt Home Id 83647

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

Just Restyled
354 N 2nd East
mt Home Id 83647

Signature: Cheryl L Forsman

Printed Name: Cheryl L Forsman

Capacity/Title: OWNER / OPERATOR

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/14/2014 05:00
CK: 1703458 CT: 172099 BH: 1410786
1 @ 25.00 = 25.00 ASSUM NAME # 2

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