

Printed Name: Capacity/Title:

## CERTIFICATE OF

## **FILED EFFECTIVE**

ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 14 JAN 16 AN 9: 1,4 submits for filing a certificate of Assumed Business Name.

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

2. The true name(s) and <u>business</u> address(business under the assumed business name  Name  Angela Turnipseed	es) of the entity or individual(s) doing ame: <u>Complete Address</u> <u>3503N 3000F, CTwin Fall</u> <u>Edaho</u> 8330/
Wholesale Trade Constructio	on and Public Utilities
<ul> <li>☐ Services</li> <li>☐ Manufacturing</li> <li>☐ Mining</li> <li>☐ Finance, Insurance, and Real Estatement</li> </ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Angela's Custom Treasures 3502 N 3000 E, C Twin Falls ID 8 3301	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	ent
	Secretary of State use only

abn.pmd Rev 07/2010

IDAHO SECRETARY OF STATE

@1/16/2014 @5:00

CK: 5853 CT: 291888 BH: 1486258
1 0 25.00 = 25.00 ASSUM NAME # 2