

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

**FILED**

99 JUN 10 AM 9:37

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

STEPHANIE HILL PIANO STUDIO

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

Name

Complete Address

STEPHANIE HILL

1132 RIPON AVE

LEWISTON, ID 83501

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

1132 Ripon Ave

Lewiston Idaho 83501

STEPHANIE HILL

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: Stephanie Hill

Printed Name: STEPHANIE HILL

Capacity: owner - teacher

(see instruction # 8 on back of form)

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

06/10/1999 09:00  
CK: 5058 CT: 116640 BH: 224462

1 @ 20.00 = 20.00 ASSUM NAME # 2

D26744

Revision 2/97

g:\comp\main\main pm16