Capacity: Owner (President)

(see instruction # 8 on back of form)

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 of Eq.

FILED

	business is: Chic Desire:	undersigned use(s) in the transaction of	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Adrienne Rachelle Smith	Complete Address 2525 E.12th St. Emmett, Idaho	
		83617	
3.	The general type of business transacted (mark only those that apply) Retail Trade	ing Transportation and Public Utilities	
4.	Services Construction	☐ Finance, Insurance, and Real Est n ☐ Mining Phone number (optional) (208) 365-3211	
	414 S. Washington Ave. Emmett, Idaho 83617	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
	Name and address for this acknowledgme copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
		Secretary of State use only IMMO SECRETARY OF STATE 64/68/1999 69:60 CK 1138 CT: 113778 BN: 28582	