



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2013 OCT 31 AM 9:17

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

SECRETARY OF STATE
STATE OF IDAHO

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

Corner Loft Artisan

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

Name

Complete Address

Suzanne McHone-Stevens

1150 Riverview St. N Lewiston, ID 83501

Charles Kelly Stevens

1150 Riverview St. N Lewiston, ID 83501

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	

4. The name and address to which future correspondence should be addressed:

Suzanne McHone-Stevens

1150 Riverview St. N

Lewiston, ID 83501

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

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

Signature: Suzanne McHone-Stevens

Printed Name: Suzanne McHone-Stevens

Capacity/Title: Owner

Signature: Charles Kelly Stevens

Printed Name: Charles Kelly Stevens

Capacity/Title: Owner

Secretary of State use only

D166731

10/31/2013 05:00
CK: 275308 CT: 150818 BH: 1396233
1 @ 25.00 = 25.00 ASSUM NAME # 2