

Printed Name:

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

submits for filing a certificate of Assumed Business Name.

Please type or print leading.

Please type or print legibly. NOTE: See instructions on reverse before filing.

STATE OF IDAHO

YARD SALE JEANS	
The true name(s) and business address(es) business under the assumed business nam Name KRISTY A. PIPER STEVE C. PIPER	, , ,
 ✓ Wholesale Trade ☐ Services ☐ Manufacturing ☐ Mining 	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: KRISTY ANN PIPER 1910 SUNRISE POCATELLO IDAHO 83201	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Phone number (optional): 208-237-4921
	Secretary of State use only

owner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE 08/18/2005 05:00 CK: 1918 CT: 158818 BH: 966939 8 25.88 = 25.88 ASSUM MANE # 2