



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 SEP -7 AM 9:19

SECRETARY OF STATE
STATE OF IDAHO

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

Costume Place

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

MARGARET M WARWICK

(Name)

(Address)

~~1813 W~~ 4262 W. Riverbend Ave.

POST FALLS, ID 83854

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

3. The general type of business transacted under the assumed business name is:

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

MARGARET M WARWICK

(Name)

1353 TRIUMPH

(Address)

POST FALLS, ID 83854-5985

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: MARGARET M WARWICK

Signature: Margaret M. Warwick

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/07/2017 05:00

CK:216 CT:345236 BH:1601806
1@ 25.00 = 25.00 ASSUM NAME #2

DIAG 9/7