



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2016 MAR 17 AM 11:20

SECRETARY OF STATE
STATE OF IDAHO

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

Masterpiece Connection

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):

GENEVIEVE RODRIGUEZ PO BOX 1043, EMMETT, IDAHO 83617

(Name)

(Address)

816 S. HAYES, EMMETT IDAHO 83617

(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:

Masterpiece Connection

(Name)

PO BOX 1043

(Address)

EMMETT

IDAHO

83617

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: GENEVIEVE RODRIGUEZ

Signature: *Genevieve Rodriguez*

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/17/2016 05:00

CK:3698646 CT:172099 BH:1519208

1@ 25.00 = 25.00 ASSUM NAME #2

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