



CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

2014 MAR 18 AM 8:47

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:

Drops of Art

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

<u>Name</u>	<u>Complete Address</u>
<u>Philip David-Trek Pallister</u>	<u>169 E. Scops Owl Ct.</u>
<u>& Rachel Tiera Pallister</u>	<u>Kuna, ID 83634</u>

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 checked="" 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:

Trek Pallister
169 E. Scops Owl Ct.
Kuna, ID 83634

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

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

Secretary of State use only

Signature: Philip Pallister

Printed Name: Philip Pallister

Capacity/Title: owner

Signature: Rachel Tiera Pallister

Printed Name: Rachel Tiera Pallister

Capacity/Title: co-owner

IDAHO SECRETARY OF STATE
03/18/2014 05:00
CK: 107 CT: 294512 BH: 1415906
1 @ 25.00 = 25.00 ASSUM NAME # 2

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