



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2017 MAY 18 AM 8:39

SECRETARY OF STATE
STATE OF IDAHO

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

Kreations by Kaeli

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):

Mythic Manuscripts LLC P.O. Box 63 Troy, ID 83871
(Name) (Address)

Jessica Drollette P.O. Box 63 Troy, ID 83871
(Name) (Address)

Kaelisa Drollette P.O. Box 63 Troy, ID 83871
(Name) (Address)

(Name) (Address)

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Kaelisa Drollette
(Name)
P.O. Box 63
(Address)
Troy ID 83871
(City) (State) (Zipcode)

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

Jessica Drollette
(Name)
P.O. Box 63
(Address)
Troy, ID 83871
(City) (State) (Zipcode)

Printed Name: Jessica Drollette

Signature: Jessica Drollette

Printed Name: Kaelisa Drollette

Signature: Kaelisa Drollette

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/18/2017 05:00

CK:2060 CT:339832 BH:1584763
10 25.00 = 25.00 ASSUM NAME #2

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