

Signature:\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

## FILED EFFECTIVE

2016 AUG 17 AM 9: 02

SECRETARY OF STATE STATE OF IDAHO

			STATE OF IDARO
1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	LuLaRoe Katie Amend		
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):		
	Katie Amend	919 Lynx Dr. Jerome	e, Idaho 83338
	(Name)	(Address)	
2	The general type of busin	noce transpoted under the	assumed husiness name is:
3.	Retail Trade	Construction	assumed business name is:
	Wholesale Trade	Agriculture	<ul><li>Transportation and Public Utilities</li><li>Mining</li></ul>
	Services	Manufacturing	Finance, Insurance, and Real Estate
4.	Mailing address for future  Katie Amend (Name) 919 Lynx Dr. (Address) Jerome, Idaho 83338 (City)	e correspondence:  (State) (Zipcode)	5. Name and address for this acknowledgment copy is (if other than # 4):  (Name)  (Address)  (City) (State) (Zipcode)
	(0.9)	(2000)	(5.55)
	inted Name: Katie Amend	40	Secretary of State use only
Printed Name:  Signature:			IDAHO SECRETARY OF STATE  08/17/2016 05:00  CK:3287 CT:327962 BH:1542325  16 25.00 = 25.00 ASSUM NAME #2
Printed Name:			N 100000
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Rev. 08/2015