



# 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.

04 JUL 15 PM 2:46

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

**SKYE'S THE LIMIT**

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

Name

Complete Address

**SANDRA MCCRORY**

**918 O'FARRELL, BOISE ID 83702**

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

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

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

4. The name and address to which future correspondence should be addressed:

**SANDRA MCCRORY**

**918 O'FARRELL**

**BOISE ID 83702**

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

Phone number (optional):

Signature: Sandra McCrory  
(signature required)

Printed Name: **SANDRA MCCRORY**

Capacity/Title: **OWNER**

(see instruction # 8 on back of form)

g:\corp\forms\state\forms\state\p65  
Revised 04/2003

Secretary of State use only

IDaho SECRETARY OF STATE  
07/15/2004 05:00  
CK: 5797 CT: 158063 BH: 755681  
1 @ 25.00 = 25.00 ASSUM NAME # 3

D 78241