

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

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:

Candyman

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
✓ <u>Dylan Lee Pruitt</u>	<u>2716 Shamrock Ave Nampa, Id 83686</u>
<u>Joni L. Fletcher</u>	<u>2716 Shamrock Ave, Nampa, Id 83686</u>

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:

2716 Shamrock Ave
Nampa, Id
83686

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

Phone number (optional):
208-465-5923
~~208-465-5923~~
cell 989-6990

Signature: _____

Dylan Pruitt
(signature required)

Printed Name: _____

Dylan Pruitt

Capacity/Title: _____

CO-owner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
09/29/2004 05:00
CK: 1189 CT: 158810 BH: 768447
1 @ 25.00 = 25.00 ASSUM NAME # 2

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