



# 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.

08 OCT 30 AM 8:23  
SECRETARY OF STATE  
STATE OF IDAHO

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

UMBRELLA BLACK

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

KRISTA L.B. SHOCKLEY

215 N. 3RD E

MICHELLE ZAHOREK

MOUNTAIN HOME ID  
83647

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

- ☒ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☐ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate

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

UMBRELLA BLACK

215 N. 3RD E.

MOUNTAIN HOME ID 83647

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Krista L.B. Shockley

(signature required)

Printed Name: KRISTA L.B. SHOCKLEY

Capacity/Title: PARTNER

(see instruction # 8 on back of form)

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

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE  
10/30/2008 05:00  
CK: 5775 CT: 231817 BH: 1142265  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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