

227



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.

FILED EFFECT

2006 MAR 24 AM 11:18

SECRETARY OF STATE
STATE OF IDAHO

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

A DREAM COME TRUE BRIDAL

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

Name

KATIE METZ

CARLA DARRAR

Complete Address

3168 NTH 13TH ST COEURDALENE ID 83815

711 CDA AVE COEURDALENE ID 83814

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

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

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

CARLA DARRAR OR KATIE METZ

312 5TH STREET POST FALLS ID 83854

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

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

Phone number (optional):

2086645922

Secretary of State use only

Signature:

(signature required)

Printed Name:

CARLA DARRAR/KATIE METZ

Capacity/Title:

OWNERS

(see instruction # 8 on back of form)

Non-Profit/Charity: Information only
Revised 04/03/03

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IDAHO SECRETARY OF STATE
03/24/2006 05:00
CK: 759225 CT: 172099 BH: 945370
1 @ 25.00 = 25.00 ASSUM NAME # 2