



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

**FILED EFFECTIVE**

**RESET FORM**

2015 OCT 15 AM 8:51  
SECRETARY OF STATE  
STATE OF IDAHO

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

The Event Whisperer

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Opts Ideas, Inc. C197/51 455 W. Main Street, Boise, ID 83702

(Name)

(Address)

Michael Christman

2270 River Road, Castleton on Hudson, NY 12033

(Name)

(Address)

Lisa Holland

455 W. Main Street, Boise, ID 83702

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Lisa Holland

(Name)

455 W. Main Street

(Address)

Boise, ID 83702

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Lisa Holland

Signature:

Printed Name: Lisa Holland

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

10/15/2015 05:00

CK:2914 CT:278262 BH:1496469

1@ 25.00 = 25.00 ASSUM NAME #2

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