

## CERTIFICATE OF **ASSUMED BUSINESS NAME**

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

## FILED EFFECTIVE

2015 HAR -9 AM 9: 46

SECRETARY OF STATE STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

Bed.head	Designs
The true name(s) and <u>business</u> address(abusiness under the assumed business name     Name     Nikki Dale	es) of the entity or individual(s) doing ame: <u>Complete Address</u> 25487 Don La Farma
	8366
3. The general type of business transacted in the second s	on and Public Utilities  n  Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  SMME as 2	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent

83/09/2015 05:00

CK:1036 CT:307461 BH:1465405 16 25.00 = 25.00 ASSUM NAME #2

D177351

Capacity/Title:\_\_\_\_ Signature:

Printed Name: \_\_ Capacity/Title: