



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.

2007 OCT 30 PM 4:10

SECRETARY OF STATE
STATE OF IDAHO

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

PROCRASTINATING DESIGNERS

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

Irene (Kim) Cohen

560 Filer Avenue Suite D Twin Falls, Id 83301

Jason Basquez

560 Filer Avenue Suite D Twin Falls, Id. 83301

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:

Kim Cohen

560 Filer Ave. Suite D Twin Falls, Id 83301

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

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

Signature: Irene Kim Cohen

(signature required)

Printed Name: _____

Irene (Kim) Cohen

Capacity/Title: _____

Founder/Owner

(see instruction # 5 on back of form)

Secretary of State use only

D116374

IDAHO SECRETARY OF STATE
10/30/2007 05:00
CK: 1329955 CT: 172699 BH: 1083102
1 @ 25.00 = 25.00 ASSUM NAME # 2