



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

2012 DEC 18 AM 8:40

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

The Vapor Place

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

<u>Name</u>	<u>Unit #</u>	<u>Complete Address</u>
<u>Mandy Laura Travis</u>	<u>846</u>	<u>6th Ave S. Payette</u>
	<u>Id</u>	<u>83661</u>

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 | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Mandy Travis
7607 Elmore Road
Fruitland Id 83619

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

Mandy Travis
7607 Elmore Road
Fruitland Id 83619

Signature: Mandy Travis

Printed Name: Mandy Travis

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/19/2012 05:00
CK: 5892 CT: 277353 RH: 1351973
1 @ 25.00 = 25.00 ASSUM NAME # 2

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