



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 MAY 18 AM 9:36

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

SECRETARY OF STATE
STATE OF IDAHO

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

House of Townsend Elegant Events

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

Michael D Thompson

5031 Eastside Road Priest River ID 83856

Kari D Townsend/Thompson

5031 Eastside Road Priest River ID 83856

Debbie L Townsend

130 Washington Street, Priest River ID 83856

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" 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:

House of Townsend

5031 Eastside Road

Priest River, ID 83856

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

Signature: Michael D Thompson

Printed Name: Michael D Thompson

Capacity/Title: Partner

Signature: Kari D Thompson

Printed Name: Kari D Townsend/Thompson

Capacity/Title: Partner

Secretary of State use only

IDAHO SECRETARY OF STATE

05/18/2015 05:00

CK:1235 CT:310362 BH:1476028
1@ 25.00 = 25.00 ASSUM NAME #2

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