Capacity/Title: Owner



## **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** 

2013 HAY 14 AM 8: 48

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

2. The true name(s) and business a business under the assumed business	address(es) of the entity or individual(s) doing siness name:
Name Kandasa Frandasa	Complete Address
Kandace Frandsen	129 W. Main Street Rigby, Idaho 83442
The general type of business trans	nsacted under the assumed business name is:
Wholesale Trade Cor	nsportation and Public Utilities
Services Agr Manufacturing Min Finance, Insurance, and Re	Assumed Business
4. The name and address to which correspondence should be addre Kandace Frandsen dba Simply Chic Sa	essed: 450 North 4th Street
P.O. Box 125 Teton, Idaho 83451	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknown copy is (if other than # 4 above):	pwledgment
	Secretary of State use only
Signature: Spul June	<del></del>
Printed Name: Kandace Frandsen	
Capacity/Title: Owner	
Signature: Kandace Frandsen	IDAHO SECRETARY OF STATE  95/14/2013 95:00  CK: 1836 CT: 283144 BH: 1373764  1 8 25.88 = 25.88 ASSUM NAME # 2

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