



# 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.**  
**Instructions are included on back of application.**

**FILED EFFECTIVE**

11 JUN 21 AM 8:48

SECRETARY OF STATE  
STATE OF IDAHO

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

## Firebird Dance Academy

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

**Gina Stonebraker**

**319 8th Ave North, Twin Falls, ID 83301**

## Bailey Stonebraker

- 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:**

**Firebird Dance Academy**

**319 8th Ave North**

**Twin Falls, ID 83301**

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**

**Secretary of State use only**

**Signature:**

Printed Name: Gina Stonebraker

Capacity/Title: Owner

**Signature:**

Printed Name: Bailey Stonebraker

**Capacity/Title:** Owner

IDAHO SECRETARY OF STATE  
 06/21/2011 05:00  
 CK: 98 CT: 259989 BH: 1279303  
 1 @ 25.00 = 25.00 ASSUM NAME # 2

D 148471