

Capacity/Title:\_

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2015 NOV 30 PM 4: 05

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

SECRETARY OF STATE STATE OF IDAHO

|   | WIL OF IDAMO   |
|---|--|
| The assumed business name which the undersigne business is:  HUSY HOUSCHAIDS  | ed use(s) in the transaction of  |
| 2. The true name(s) and <u>business</u> address(es) of the obusiness under the assumed business name:  Name  Ondrea Wicole Pune 305  Bois   | entity or individual(s) doing  Complete Address  S Phillippi St  4 10 83705  |
| 3. The general type of business transacted under the  Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate |  |
| 4. The name and address to which future correspondence should be addressed:  Andrea N Pline 305 S Phillippi St  Boise, 10, 83705  | Secretary of State 450 North 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 Andrea Pline Printed Name: Andrea Pline Capacity/Title: Housemaid/Cleaner Signature:  | Secretary of State use only  IDAHO SECRETARY OF STATE  11/30/2015 05:00  CK:CASH CT:158010 BH:1502338  16 25.00 = 25.00 ASSUM NAME # |
| Printed Name:   | 1197921  |

1)126101