



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 NOV 29 AM 9: 09

SECRETARY OF STATE
STATE OF IDAHO

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

Irish Pub Spa

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Arlene Lynn Hansen 781 Monroe Street Twin Falls ID 83301

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

AL Hansen

(Name)

781 Monroe Street

(Address)

Twin Falls

ID

83301

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Arlene Lynn Hansen

Signature: *A Hansen*

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/29/2017 05:00

CK:8442 CT:349006 BH:1613916
1@ 25.00 = 25.00 ASSUM NAME #2

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