FILED EFFECTIVE



Signature:_

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

2015 DEC -3 AM 8: 48

SECRETARY OF STATE

| 1. The assumed bu | siness name whic | ch the undersid | gned use(s) in the transaction of business is: | | | |
|--|--------------------------|--|--|---|-------------|--|
| Deb's Designs | | | , | | | |
| 2. The individual an | siness name (do <u>n</u> | ot include the nar Robertson St. | | nose doing business u 83221 | nder | |
| (Name) | (Addre | ss) | | | | |
| (Name) | (Addre | ss) | | | | |
| ☐ Wholesale T ☐ Services • Mailing address t | or future correspo | Agriculture Manufacturing ondence: | | nce, Insurance, and R | | |
| Debani Farr | | | (Name) | | | |
| 235 Robertson S | St | | | | | |
| (Address) Blackfoot | Idaho | 83221 | (Address) | - | | |
| (City) | (State) | (Zipcode) | (City) | (State) | (Zipcode) | |
| inted Name: Debani Farr | | | | Secretary of State use only | | |
| ignature: Deba | his tar | | | | | |
| rinted Name: | | | | IDAHO SECRETARY OF STATE 12/03/2015 05:00 CK:127 CT:158010 BH:1502651 | | |
| ignature: | | | | :127 | | |
| | | | | | | |
| rinted Name:ignature: | | | | D182967 | | |