

Signature:\_\_\_\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

## FILED EFFECTIVE

2018 APR 20 PM 12: 58

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is:  Metamorphosis Realty					
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):					
	Crystal M. Miller	954 N. Gray Cloud Pl., Meridian, Idaho 83642				
	(Name)	(Address)				
	(Name)	(Address)				
	(Name)	(Address)				
	(Name)	(Address)				<del></del>
<ol> <li>4.</li> </ol>	The general type of busine Retail Trade Wholesale Trade Services  Mailing address for future  Crystal M. Miller (Name) 954 N. Gray Cloud Pl. (Address) Meridian, ID 83642 (City)	☐ Construction ☐ Agriculture ☐ Manufacturing	5. Nar	Transportation Mining Finance, Insura ne and address for y is (if other than # 4):	and Public U ince, and Rea	al Estate
Printed Name: Crystal M. Miller  Signature: Printed Name: Signature: Signature:			Secretary of State use only  IDAHO SECRETARY OF STATE  04/20/2018 05:00  CK:CASH CT:158010 BH:1689491  18 25.00 = 25.00 ASSUM NAME #2			
Printed Name:				D202142		

Rev. 08/2015