



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

**FILED EFFECTIVE**

2015 AUG 24 PM 2:20  
SECRETARY OF STATE  
STATE OF IDAHO

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

Dearlly Departed

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):

Frank Krone 525 E Beemer Boise ID 83702  
(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

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

- |  |  |  |
|--|--|--|
| <input 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 checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Dearlly Departed  
(Name)  
967 E Park Center Blvd #233  
(Address)  
Boise ID 83706  
(City) (State) (Zipcode)

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

(Name)  
(Address)  
(City) (State) (Zipcode)

Printed Name: Frank Krone

Signature: Frank Krone

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/24/2015 05:00  
CK: CASH CT: 68097 BH: 1489430  
1@ 25.00 = 25.00 ASSUM NAME #2

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