

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name. 00 MAY 15 AM 10:32



FILED/EFFECTIVE

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

EVERY DETAIL, Event Planning Service

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name

Complete Address

SHELLIEN GILLILAND

416 ROSE ST. NORTH

TWIN FALLS, ID 83301

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

4. The name and address to which future correspondence should be addressed:

EVERY DETAIL

416 ROSE ST. N.

TWIN FALLS, ID 83301

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

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Signature:

Shelli M. Gilliland

Printed Name:

SHELLIEN M. GILLILAND

Capacity:

PRESIDENT

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

05/15/2000 09:00  
CX: 1919 CT: 131003 DN: 317070

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 2/97

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