



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2014 AUG -6 PM 4:53

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

KATARINA LASHES

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

Name

Complete Address

~~KATARINA LASHES~~ Kathleen Zastro 2010 N HESS ST

HAYDEN ID 83835

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

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

KATHLEEN ZASTROW

7138 W HOODOO PL

SPIRIT LAKE ID 83869

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

Secretary of State use only

IDAHO SECRETARY OF STATE
08/06/2014 05:00

CK:3186 CT:299829 BH:1436319
1@ 25.00 = 25.00 ASSUM NAME #2

D173 005

Signature: Kathleen Zastro

Printed Name: KATARINA LASHES Kathleen Zastro

Capacity/Title: OWNER

Signature: _____

Printed Name: _____

Capacity/Title: _____