



# CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE**

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

04 SEP 22 PM 3:34

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE  
STATE OF IDAHO

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

Adorn Me

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

Name

Monique Fedrizzi

Complete Address

402 Jefferson Boise ID 83712

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	

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

Monique Fedrizzi

402 Jefferson

Boise ID 83712

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

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

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

Monique Fedrizzi

414 Avenue E

Boise ID 83712

Phone number (optional):

Signature: Monique Fedrizzi  
(signature required)

Secretary of State use only

180283

Printed Name: Monique Fedrizzi

IDaho SECRETARY OF STATE  
09/22/2004 05:00  
CK: 1016 CT: 158010 BH: 767486  
1 e 25.00 = 25.00 ASSUM NAME # 2

Capacity/Title: Owner

(see instruction # 8 on back of form)