

Capacity/Title:_

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTS

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

07 OCT 17 AM 8: 23 SECRETARY OF STATE STATE OF IDAHO

Boise Shipp	ing Depot
2. The true name(s) and business address(es) of business under the assumed business name: Name Occasionz Party Store LLC WW0930	
3. The general type of business transacted under Retail Trade Transportation a	er the assumed business name is:
Wholesale Trade ☐ Construction ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Boise Shipping Depot	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
6724 Glenwood Street Boise, ID 83714	(208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	ţ
	Secretary of State use only
gnature:	COCCAPO COCAPO COCCAPO COCCA
rinted Name: Cindy Lett apacity/Title: Member	To To To To To To To To