

Signature:___

CERTIFICATE OF ASSUMED BUSINESS NAME

2017 JUL 31 AM 10: 37

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

SECRETARY OF STATE

1. The assumed business name which the undersigned use(s) in the transaction of business is: Threaded Magnolia Boutique	
Tra Ashiny 905 Main (Address)	address(es) of those doing business under me you listed in #1): Street, St. Manes, ID 83861 Street, St. Manes, ID 83861
(Name) (Address) (Name) (Address)	
3. The general type of business transacted under the Retail Trade Construction Agriculture Manufacturing	Transportation and Public UtilitiesMining
4. Mailing address for future correspondence: Samantha Baker (Name) 320 4th St. (Address) LWISTON 1D 83501 (City) (State) (Zipcode)	5. Name and address for this acknowledgment copy is (if other than # 4): Tla Asburg (Name) 905 Main Street (Address) St. Maris (City) (State) (State)
Printed Name: Samanha Baker	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE 07/31/2017 05:00 CK:192 CT:343371 BH:1595840 1@ 25.00 = 25.00 ASSUM NAME #2
Printed Name:	N1910112