

Capacity/Title:

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

10 NOV 19 AM 8: 21

SECRET BY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

	Carol's 2 Scoop	ps Ice Cream Shop	
2.	The true name(s) and <u>business</u> address(es business under the assumed business name)	me:	
	Carol A. Sandahl	Complete Address 134 W. Main Emmett, ID 83617	
		134 W. Wall Ellimett, ID 03017	
3.	The general type of business transacted ur	nder the assumed husiness name is:	
		n and Public Utilities	
	☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:	
4.	The name and address to which future correspondence should be addressed: Carol Sandahl	Secretary of State 450 North 4th Street PO Box 83720	
	134 W. Main	Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgmen copy is (if other than # 4 above): Carol Sandahl	nt	
	134 W, Main		
	Emmett, ID 83617	Secretary of State use only	
Signa	ture:	,	
Printe	ed Name: Carol A. Sandahl		
	city/Title: Owner		
Signa	ture: Mignel A health	IDAHO SECRETARY OF STATE	
Printe	ed Name:	1 1 / 1 9/ 252934 BH: 1247969	
	city/Title:	CK: 3170 CT: 252737 ASSUM NAME # 6	

abn.pmd Rev. 07/2010

)143577