



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED/EFFECTIVE

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name.

STATE OF IDAHO  
STATE OF IDAHO

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

NORTH END YOGA

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

Debra Mulnick Name

Complete Address

141 Skylane Dr Boise, ID 83702

Kylie Cole

1910 N. 23rd Street Boise, ID 83702

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

Debra Mulnick

141 Skylane Dr

Boise, ID 83702

Submit Certificate of  
Assumed Business  
Name and \$20.00 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):

Signature: Debra Mulnick

Printed Name: DEBRA MULNICK

Capacity: general partner

(see instruction # 8 on back of form)

Revision 7/98

Form 100 Assumed Name # 2

Secretary of State use only

IDAHo SECRETARY OF STATE

06/13/2001 09:00  
CX: 1445 CT: 107302 BH: 462498

1 @ 20.00 = 20.00 ASSUM NAME # 2

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