



# CERTIFICATE OF ASSUMED BUSINESS NAME

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.**

08 AUG 27 PM 3:45

SECRETARY OF STATE  
STATE OF IDAHO

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

Bella's Barkery

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

Name

Complete Address

Angelena Mangione

2441 N. Snowgoose Way Meridian ID 83642

Peter Troy

2441 N. Snowgoose Way Meridian ID 83642

3. The general type of business transacted under the assumed business name is:

- ☒ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☐ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate

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

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

Angelena Mangione

1005 E. Chateau Drive

Meridian ID 83642

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

Phone number (optional):

Signature:

*Angelena Mangione*  
(signature required)

Printed Name:

Angelena Mangione

Capacity/Title:

owner

(see instruction # 8 on back of form)

Secretary of State use only

068398

IDAHO SECRETARY OF STATE  
08/27/2003 05:00  
CK: 1188 CT: 158810 BH: 698694  
1 @ 25.00 = 25.00 ASSUM NAME # 2