

Printed Name: MANIA

Printed Name:

Capacity/Title:

Capacity/Title:

Signature: ___

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2014 FEB - 3 PM 4: 49
SECRETARY OF STATE

STATE OF IDAHO

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

1. The assumed business name which the undersigned use(s) in the transaction of business is: ur Deautiful 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Mellies 5819 KUNA Rd KUNA 8883134 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Services Agriculture Submit Certificate of Manufacturing Minina Assumed Business Finance, Insurance, and Real Estate Name and **\$25.00** fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 Same as Ahous. Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). Secretary of State use only

IDAHO SECRETARY OF STATE

12/04/2014 05:00

CK: 1691821 CT: 172099 BH: 1408928

1 2 25.00 = 25.00 ASSUM NAME # 6

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