

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE
2016 JUN 10 PM 2: 11
SECREPHUSINESS IS:

Irish Lass Creations		- , , , ,	insaction of business	SATE
The individual and/or entity the assumed business nam	•	, .	e doing business und	der
Holly Aislinn McDermott	PO Box 167, Lewiston	n, ID 83501	·	
(Name)	(Address)			
(Name)	(Address)			
(Name)	(Address)			
(Name)	(Address)			
The general type of busines	s transacted under the a	assumed busines	s name is:	
	Construction	Transpo	rtation and Public U	tilities
Wholesale Trade	Agriculture	Mining		
Services Mailing address for future co	Manufacturing orrespondence:	5. Name and add	, Insurance, and Re	
Mailing address for future co			iress for this acknow	
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Mailing address for future co		5. Name and add copy is (if other th	iress for this acknow	
Mailing address for future contact (Name) PO Box 167 (Address) Lewiston, ID 83501		5. Name and add copy is (if other th	iress for this acknow	
Mailing address for future continuation of the McDermott (Name) PO Box 167 (Address) Lewiston, ID 83501	ate) (Zipcode)	5. Name and add copy is (if other the (Name) (Address)	ress for this acknow	riedgment
Mailing address for future continuation (Name) PO Box 167 (Address) Lewiston, ID 83501 (City) (Signature of the continuation o	ate) (Zipcode)	5. Name and add copy is (if other the (Name) (Address)	iress for this acknow an # 4): (State)	riedgment
Mailing address for future continuation (Name) PO Box 167 (Address) Lewiston, ID 83501 (City) (Signature) (City) (Signature) (Address) (City) (Signature)	ate) (Zipcode)	5. Name and add copy is (if other the (Name) (Address)	iress for this acknow an # 4): (State)	riedgment
Mailing address for future continuation (Name) PO Box 167 (Address) Lewiston, ID 83501 (City) (Standard Manus) (City) (Standar	ate) (Zipcode)	5. Name and add copy is (if other the (Name) (Address)	(State)	(Zipcode)
Mailing address for future continuation (Name) PO Box 167 (Address) Lewiston, ID 83501 (City) (City) (Signature: Holly McDermote Manual Manual McDermote McD	ate) (Zipcode)	5. Name and add copy is (if other the (Name) (Address) (City)	iress for this acknow an # 4): (State)	(Zipcode) OF STATE O5:00