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.
Instructions are included on back of application.

FILED EFFECTIVE

2014 JAN 24 AM 9:10

SECRETARY OF STATE
STATE OF IDAHO

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

   Vixen Heels

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
Amber Fornof	1419 N. Idaho Street
	Post Falls, ID, 83854

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

   - [x] Retail Trade
   - [ ] Wholesale Trade
   - [ ] Services
   - [ ] Manufacturing
   - [ ] Finance, Insurance, and Real Estate
   - [ ] Transportation and Public Utilities
   - [ ] Construction
   - [ ] Agriculture
   - [ ] Mining

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

   Amber Fornof
   1419 N. Idaho Street
   Post Falls, ID, 83854

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

Submit Certificate of Assumed Business Name and **$25.00** fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: [signature]
Printed Name: Amber Fornof
Capacity/Title: owner
Signature:
Printed Name:
Capacity/Title:

Secretary of State use only

IDAHO SECRETARY OF STATE
01/24/2014 05:00
CK: 616 CT: 150010 BN: 1407406
1 @ 25.00 = 25.00 ASSUM NAME # 2

D168391