

Printed Name:

Printed Name: _____

Signature:

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

FILED EFFECTIVE

SECO-- 19 AM 9: 36

1. The assumed business name which the undersigned use(s) in the transaction **ASHLIN MAXINE BOUTIQUE** 2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1): ASHLEE ANDERSEN 1735 CONDOR DRIVE (Name) (Address) (Name) (Address) (Name) (Address) (Name) (Address) The general type of business transacted under the assumed business name is: Retail Trade Construction Transportation and Public Utilities Wholesale Trade Agriculture Minina Manufacturing Services Finance, Insurance, and Real Estate Mailing address for future correspondence: 5. Name and address for this acknowledgment CODY IS (if other than # 4): ASHLEE ANDERSEN (Name) (Name) 1735 CONDOR DRIVE (Address) (Address) MIDDLETON ID 83644 (City) (State) (Zipcode) (City) (State) (Zipcode) Printed Name, ASHLEE ANDERSEN Secretary of State use only Signature: 9

10AHO SECRETARY OF STATE 04/19/2018 05:00

CK:350 CT:356553 BH:1639352 10 25.00 = 25.00 ASSUM NAME #2

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Rev. 08/2015