

CERTIFICATE OF ASSUMED BUSINESS NAME

Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2018 JUN 15 AM 9: 19

SECRETARY OF STATE STATE OF IDAHO

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

The assumed business name which the business is: Hello For	e undersigned use(s) in the transaction of XY Clothing
2. The true name(s) and <u>business</u> address business under the assumed business Name Angela Clayton	
3. The general type of business transacted Retail Trade Transporta Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Est	ation and Public Utilities tion e Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: 5425 Wild Duncs Ln Idaho Falls, Idaho 83409	450 North 4th Street PO Box 83720
5. Name and address for this acknowledg copy is (if other than # 4 above):	ment
gnature: Angela Classinted Name: Angela Classinted Name: Angela Classinted Reports (2007)	Secretary of State use only IDANO SECRETARY OF STATE 06/15/2018 05:00 CK:1255 CT:359228 BH:164

CK:1255 CT:359228 BH:1649173 10 25.00 = 25.00 ASSUM NAME #2

D203432

Signature:

Printed Name:

Capacity/Title:__