

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

2015 MAR -6 AM 8:36

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

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:

Metamorphosis

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

Melissa Valdovinos

306 N SPokane ST SUITE G
POST FALLS ID
83854

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

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

Melissa Valdovinos

220 SPOKANE ST
POST FALLS ID 83854

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

Signature: Melissa Valdovinos

Printed Name: Melissa Valdovinos

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/06/2015 05:00

CK:3157 CT:231843 BH:1464987
1@ 25.00 = 25.00 ASSUM NAME #2

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