



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2013 JUL 26 AM 9:04

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:

Cutting Edge Creations

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
<u>John Scharf</u>	<u>P.O. Box 1796 Bonners Ferry, ID 83805</u>
<u>Carolann Scharf</u>	<u>P.O. Box 1796 Bonners Ferry, ID 83805</u>

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 checked="" type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

John or Carolann Scharf
P.O. Box 1796
Bonners Ferry, ID 83805

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: John Scharf

Printed Name: John Scharf

Capacity/Title: owner

Signature: Carolann Scharf

Printed Name: Carolann Scharf

Capacity/Title: owner

Secretary of State use only

IDAHO SECRETARY OF STATE
07/26/2013 05:00
CK: 879 CT: 158010 BH: 1383616
1 @ 25.00 = 25.00 ASSUM NAME # 2

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