



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

## FILED EFFECTIVE

2017 OCT 24 AM 11:29

SECRETARY OF STATE  
STATE OF IDAHO

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

Idaho Blinds & shutters

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):

Michael Faughn 9483 West Ringle Creek Street, STAR, IDAHO 83669  
(Name) (Address)

Tami Faughn 9483 West Ringle Creek Street, STAR, IDAHO 83669  
(Name) (Address)

\_\_\_\_\_  
(Name) (Address)

\_\_\_\_\_  
(Name) (Address)

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

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

4. Mailing address for future correspondence:

Michael or Tami Faughn  
(Name)  
9483 West Ringle Creek Street  
(Address)  
STAR IDAHO 83669  
(City) (State) (Zipcode)

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

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zipcode)

Printed Name: Michael Faughn

Signature: Michael Faughn

Printed Name: Tami Faughn

Signature: Tami Faughn

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

10/24/2017 05:00

CK:1617 CT:347456 BH:1608794  
10 25.00 = 25.00 ASSUM NAME #2

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