

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

## FILED EFFECTIVE

09 MAR 18 AM 8: 32

SECRETARY OF STATE STATE OF IDAHO

Crea	ative Whim's
t. The true name(s) and business address(described business under the assumed business name  Name  Irene Thieman	
Wholesale Trade Constructio	ion and Public Utilities on
☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
281 Caswell Ave. West Trl. B3	(208) 334-2301
Twin Falls, Idaho 83301	-
5. Name and address for this acknowledge copy is (if other than #4 above):	ment
	Secretary of State use only
nature: Irane Thieman	100   100