

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

## **FILED EFFECTIVE**

2013 APR 19 PM 12: 35

SECRETARY OF STATE STATE OF IDAHO

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

The assumed business name which the undersigned use(s) in the trans business is:      Create Custom T's	saction of
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) business under the assumed business name:  Name  Complete Address  Alcole Echegore  999 South Federal way  Bolse 10 83705	_
3. The general type of business transacted under the assumed business responsible.  Retail Trade	e of ess
4. The name and address to which future correspondence should be addressed:  Nicole Echegorer  999 South Federal wary  Bolse 10 83705  Secretary of Stat 450 North 4th Str PO Box 83720 Boise ID 83720-6 208 334-2301	reet
5. Name and address for this acknowledgment copy is (if other than # 4 above):  NICOLE ECHEGORE  2116 S. Ilinois  Polse 10, 83706  Secretary of S	State use only
Signature: Mush	
Printed Name: Nicole Echegaren	
Capacity/Title: Owner stoom SE	CRETARY OF STATE
Signature: @4/19/	CRETARY OF \$1816 2013 05 00 CT: 172099 BH: 1378304 25.00 ASSUM NAME # 2
Printed Name: 1 e 25,98 =	52.00 Noong water a c
Capacity/Title:	718

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