

Signature: \_\_\_

Capacity/Title:\_\_

Printed Name: \_\_\_\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

11 MAY 10 AM 8: 15

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

SECHLE BY OF STATE STATE OF IDAHO

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

	Fossil Photo
The true name(s) and <u>business</u> addresousiness under the assumed business	ss(es) of the entity or individual(s) doing
<u>Name</u>	Complete Address
Shauna Youngberg	5201 Denton St. #116 Boise, ID 83706
he general type of business transact	ed under the assumed business name is:
Retail Trade Transport	tation and Public Utilities
☐ Wholesale Trade ☐ Construc	ction
Services Agricultu	
☐ Manufacturing ☐ Mining	Submit Certificate of
Finance, Insurance, and Real Es	Assumed Business
i mance, msdrance, and rear E	state Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed	450 North 4th Street
Shauna Youngberg	PO Box 83720
5201 Denton St. #116 Boise, ID 83706	Boise ID 83720-0080
201 Delicon de #110 Doige, 10 doi do	208 334-2301
lama and address for this solvingulad	ament
lame and address for this acknowled copy is (if other than # 4 above):	gment
A io (ii oniei niati # 4 spove).	
	<del></del>
	Secretary of State use onl
ire: Shawna Youngibera	
	<del>7</del>
Name: Shauna Youngberg	
Title: Owner	

IDAHO SECRETARY OF STATE

@5/10/2011 @5:00

CK: CASH / COIN CT: 158018 BH: 1273039
1 2 25.00 = 25.00 ASSUM NAME # 3

D147492

abn.pmd Rev. 07/2010