



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.  
Filing fee: \$25.00.

## FILED EFFECTIVE

2018 SEP 24 AM 10:48

SECRETARY OF STATE  
STATE BUSINESS

1. The assumed business name which the undersigned use(s) in the transaction is:  
Her Inspired Heart Designs

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):  
Katie Jensen PO Box 192 Kuna ID 83634

(Name) (Address)  
\_\_\_\_\_  
(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 checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Mining                              |
| <input checked="" type="checkbox"/> Services        | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Katie Jensen  
(Name)  
PO Box 192  
(Address)  
Kuna ID 83634  
(City) (State) (Zipcode)

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

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

Printed Name: Katie Jensen  
Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Secretary of State use only  
  
IDAHO SECRETARY OF STATE  
09/25/2018 05:00  
CK:2049 CT:364030 BH:1666023  
1@ 25.00 = 25.00 ASSUM NAME #2  
  
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