



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2017 APR 24 AM 10:35

SECRETARY OF STATE
STATE OF IDAHO

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

DotDotSmile Chelsey Bennett

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):

Chelsey Bennett 574 Hydra Pl Unit B, Post Falls, ID 83854

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:

Chelsey Bennett

574 Hydra Pl Unit B

Post Falls ID 83854

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

Name

Address

City State Zip

Printed Name: Chelsey Bennett

Signature: Chelsey Bennett

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/24/2017 05:00

CK:17577893119 CT:158010 RH:1580613

1@ 25.00 = 25.00 ASSUM NAME #2

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