



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
2005 MAY -2 AM 8:28

SECRETARY OF STATE
STATE OF IDAHO

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

Snack Shack Tropical Snow

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Karen Wallin

6590 Loka Lane Nampa Id 83686

3. The general type of business transacted under the assumed business name is:

- ☒ Retail Trade
☐ Wholesale Trade
☐ Services
☐ Manufacturing
☐ Finance, Insurance, and Real Estate

- ☐ Transportation and Public Utilities
☐ Construction
☐ Agriculture
☐ Mining

4. The name and address to which future correspondence should be addressed:

Karen Wallin
6590 Loka Lane
Nampa Id

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

Signature: K Wallin
(signature required)

Printed Name: Karen Wallin

Capacity/Title: Owner

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

208-467-6115

Secretary of State use only

099306

IDAHO SECRETARY OF STATE
 05/02/2006 05:00
 CK: 6761 CT: 150010 BH: 952497
 1 @ 25.00 = 25.00 ASSUM NAME # 2