## FILED EFFECTIVE

227



Signature:\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

2017 NOV -7 AM 11: 34

SECRETARY OF STATE STATE OF IDAHO

	1 milg 100. \$20.00.			STATE OF IDAHO			
1.	The assumed business name which the undersigned use(s) in the transaction of business is:						
	Stephanie's Whimsy's						
2.	The individual and/or e	ntity name	ee and husiness	address(as) of t	hose doing business un	der	
	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):						
	Stephanie Wills		625 E 19th N Mountain Home, ID 83647				
	(Name)	(Add	(Address)				
	(Name)	(Add	(Address)				
	(Name)	(Add	dress)				
	(Name)	(Add	dress)	<u> </u>			
3.	The general type of business transacted under the assumed business name is:						
	🔀 Retail Trade		Construction		nsportation and Public l	<b>Jtilities</b>	
	★ Wholesale Trade	<u>                                     </u>	Agriculture	===	ning		
	⊠ Services	. L	] Manufacturin	g <u>⊠</u> Fina	ance, Insurance, and Re	eal Estate	
1.	Mailing address for future correspondence:  5. Name and address for this acknowledgment copy is (if other than # 4):						
	Stephanie Wills						
	(Name)			(Name)			
	625 E 19th N (Address)	·		(Address)			
	Mountain Home	ID	83647	Ç .==. = <b>.</b> . ,			
	(City)	(State)	(Zipcode)	(City)	(State)	(Zipcode)	
⊃ri	nted Name: Stephanie	Wills			Secretary of State use only		
Sig	nature: <u>Stephanie W.</u>	lls			IDAHO SECRETARY OF	an i me	
	nted Name:				11/07/2017 05	5:00	
					.521 <b>49</b> 20 CT:172099 25.00 = 25.00 <b>A</b> SS		
Sig	gnature:						
Pri	nted Name:				DIGBAL	L	
	<del></del>				<del>-</del>		

Rev. 08/2015