



# 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**

10 MAR 31 AM 9:01

SECRETARY OF STATE  
STATE OF IDAHO

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

Alexa's Dream Events & Party Supply

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

Elbia Limon

17083 Amy Ln. Nampa, ID 83687

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

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

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

Alexa's Dream Events & Party Supply

17083 Amy Ln

Nampa, ID 83687

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

Signature: \_\_\_\_\_

(signature required)

Printed Name: \_\_\_\_\_

Elbia Limon

Capacity/Title: \_\_\_\_\_

Owner

(see instruction # 8 on back of form)

Secretary of State use only

0138115

IDAHO SECRETARY OF STATE  
03/31/2010 05:00  
CK: 4166 CT: 150018 BH: 1215466  
1 @ 25.00 = 25.00 ASSUM NAME # 2