

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2017 NOV 17 AM 9: 25

SECRETARY OF STATE

4 7				STATE OF IDA	THO
1. The assumed business n	ame which the unders	igned	use(s) in the	transaction of busing	ness is:
Colleen Lopez Events					
The individual and/or ent the assumed business n	ity names and busines ame (do <u>not</u> include the na	s add ame yc	ress(es) of the	nose doing business	under
Colleen Lopez	2901 Moser St. Moscow, ID 83843				
(Name)	(Address)				
(Name)	(Address)				
(Name)	(Address)				
(Name)	(Address)				
3. The general type of busin	ess transacted under t	the as	sumed busir	ness name is:	
Retail Trade Wholesale Trade Services	Construction Agriculture Manufacturin		Mini	•	
₩ Set Mice 2	Manulactum	ıg	Final	nce, Insurance, and	Real Estate
4. Mailing address for future	correspondence:	5.	Name and a	address for this ackr	nowledgment
Colleen Lopez				•	
(Name) 2901 Moser St			(Name)		
(Address) Moscow, ID 83843			(Address)		
(City)	(State) (Zipcode)		(City)	(State)	(Zipcode)
Printed Name: Cotteen Lopez				Secretary of State use only	
Signature:				TRIWA COMBONIAN S	. चंद्राक्षण
Printed Name:			IDAHO SECRETARY OF STATE 11/17/2017 05:00		
				1174 CT:348591 ; 5.00 = 25.00 AS	
Printed Name:			D1984210		
Signature:				5.00 = 25.00 AS	SUM NA

Rev. 08/2015