

227

**FILED EFFECTIVE**



# CERTIFICATE OF ASSUMED BUSINESS NAME

**Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.**

2007 JAN -9 AM 8: 22

SECRETARY OF STATE  
STATE OF IDAHO

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

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

## Helping Hands Realtor Services

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

Name

## Shauna Fiege!

### Complete Address

2045 N Astaire Wy, Meridian Id 83646

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

- |  |  |                            |
|--|--|----------------------------|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities | Submit<br>Assume<br>Name a |
| <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 |  |                            |

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

## Helping Hands Realtor Services

**2045 N Astaire Wy, Meridian Id 83646**

**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**

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

**Phone number (optional):**

**208-890-9579**

**Secretary of State use only**

**Signature:**

Shauna Heyl  
(signature required)

(signature required)

Printed Name:

**Shauna Flegel**

**Capacity/Title:**

Owner

(see instruction # 8 on back of form)

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Revised 04/2018

IDAHO SECRETARY OF STATE  
 01/09/2007 05:00  
 CK: 1015884 CT: 172899 DH: 1024961  
 10 25.00 = 25.00 ASSUM NAME # 2

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