

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2015 FEB 20 AM 9: 14

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

Harlequin House Gallery The true name(s) and <u>business</u> ad business under the assumed business.	Idress(es) of the entity or individual(s) doing
Name	Complete Address
Kathryn Farnworth	301 S. Main Cascade Idaho 83611
Retail Trade Trans Wholesale Trade Cons	Assumed Business
The name and address to which function correspondence should be address Kathryn Farnworth PO Box 424 Cascade Id 83611	uture Secretary of State
5. Name and address for this acknow copy is (if other than #4 above):	wiedgment
gnature: <u>Kathrynsfarnu</u>	Secretary of State use only
inted Name; Kathryn Farnworth	IDANO SECRETARY OF STATE 02/20/2015 05:00

02/20/2015 05:00

CK:1211 CT:306685 BH:1462737 10 25.00 = 25.00 ASSUM NAME #2

D176905

Capacity/Title:owner

Signature:

Capacity/Title:

Printed Name: _____