227



Printed Name: Kerrie Owens

Capacity/Title: co-owner

## CERTIFICATE OF ASSUMED BUSINESS NAME

Click here to cleer form.

11 AUG - 8 AM B: 57

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

SECRE ARY OF STATE STATE OF IDAHO

Please	type or	<u>print leg</u>	ibly.
Instructions are i	ncluded	on back	of application.

	2 moms a	nd a bucket	
2.	The true name(s) and <u>business</u> address(es business under the assumed business name	e:	
Name		Complete Address	
	Annie Julugbeh and Kerrie Owens	3503 Hillcrest Dr Boise, Idaho 83705	
3.	The general type of business transacted un	der the assumed business name is:	
		and Public Utilities	
	☐ Wholesale Trade ☐ Construction		
	Services Agriculture		
	☐ Manufacturing ☐ Mining	Submit Certificate of	
		Assumed Business	
	☐ Finance, Insurance, and Real Estate	Name and \$25.00 fee to:	
4.	The name and address to which future	Secretary of State	
	correspondence should be addressed:	450 North 4th Street	
	Annie Julugbeh	PO Box 83720	
	3503 Hillcrest Dr	Boise ID 83720-0080 208 334-2301	
	Boise, Idaho 83705	200 334-2301	
5	Name and address for this acknowledgmen	ıt	
٠.	CODY IS (if other than # 4 above).	-	
		Secretary of State use only	
	Omnie de la lat	Secretary or state use only	
_	ture: (UNNUC flugglych)		
nte	d Name: Annie Julugbeh U		
ра	city/Title: owner.		
ana	ture: 1/0/14 DWO		
		TRAUG OFFICE OF ASSA	

IDAHO SECRETARY OF STATE US/08/2011 05:00 CK: 5296 CT: 148637 BH: 1285772 1 0 25.00 = 25.00 ASSUM NAME # 2

abn.pmd Rev. 07/2010