

Capacity/Title: ()Wher

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

06 FEB 23 PM 3: 06

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

SECRETARY OF STATE STATE OF IDAHO

FILED EFFECTIVE

Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned business is:	d use(s) in the transaction of	
Proposals Wedding & E	Event Planning.	
The true name(s) and <u>business</u> address(es) of the e business under the assumed business name:	ntity or individual(s) doing	
Name Name	Complete Address	
	3	3015e 83713
<u>kim 101164</u> [28 F]	<u>W. Koseglen Ct. Boise.</u>	83/13
3. The general type of business transacted under the a	assumed business name is:	
☐ Retail Trade ☐ Transportation and Put☐ Wholesale Trade ☐ Construction	olic Utilities	
Services Agriculture	Submit Certificate of	
ManufacturingMiningFinance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:	
4. The name and address to which future	Secretary of State 700 West Jefferson	
correspondence should be addressed:	Basement West	
5008 N. Mardstone Wy	PO Box 83720 Boise ID 83720-0080	
DUBE, 10 82115.	208 334-2301	
Name and address for this acknowledgment	Phone number (optional):	
COPy is (if other than # 4 above):	<u> 208 - 866 - 6189</u> .	
	Secretary of State use only	
pu'ng		
Signature: JOANN Jorden 8000 Printed Name: JOANN POVKIN SON Printed Name: JOANN POVKIN SON	IDAHO SECRETARY OF STAT 02/23/2006 05:	: 00
Printed Name: JOAnn Parkinson	CK: 4329 CT: 158010 BH: 9 1 0 25.00 = 25.00 ASSUM N	

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