



CERTIFICATE OF ASSUMED BUSINESS NAME

2015 APR -8 PM 3: 32

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

SECRETARY OF STATE
STATE OF IDAHO

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

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

DANCE UNLIMITED

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

<u>Name</u>	<u>Complete Address</u>
C & T DANCE, LLC (W140397)	11489 FAIRVIEW AVE. BOISE, ID 83720 83713

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <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 | |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

C & T DANCE, LLC
2319 N. BRUINS AVE.
BOISE, ID 83904

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

Signature: *Tamra K. Neffzeer*
 Printed Name: **TAMRA K. NEFFZEER**
 Capacity/Title: **MEMBER**
 Signature: _____
 Printed Name: _____
 Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/08/2015 05:00
CK:2735432 ET:172099 BH:1470024
IQ 25.00 = 25.00 ASSUM NAME #2

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