

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

AND SEE	CERTIFICATE O	F	FILED EFFECTIVE	
	ASSUMED BUSINES	S NAM	F 3/12	
	Pursuant to Section 53-504, Idaho Code,	the undersig	ned B	
submits for filing a certificate of Assumed Business Name.			arme.	
Please type or print legibly. Instructions are included on back of application			1400 mg.	
			Walter State	
1.	The assumed business name which the undersigned use(s) in the transaction of			
	business is:			
	Singapura Studio			
2.	The true name(s) and <u>business</u> address(e	e true name(s) and <u>business</u> address(es) of the entity or individual(s) doing		
business under the assumed business name:			, , ,	
	Name		Complete Address	
Stephanie Jayne Whitcomb		730 K Street Apartment 8		
		idano Fali	s, ID 83402	
		 		
3.	The general type of business transacted u	type of business transacted under the assumed business name is:		
	Retail Trade Transportation and Public Utilities			
	☐ Wholesale Trade ☐ Construction	1		
	Services Agriculture			
	Manufacturing Mining		Submit Certificate of Assumed Business	
	Finance, Insurance, and Real Estat	е	Name and \$25.00 fee to:	
4.	The name and address to which future		Courston, of State	
	correspondence should be addressed:		Secretary of State 450 North 4th Street	
	Stephanie Whitcomb		PO Box 83720	
	730 K Street Apartment 8		Boise ID 83720-0080 208 334-2301	
	Idaho Falls, ID 83402		250 00 7 200 1	
5.	5. Name and address for this acknowledgment			
	COPy is (if other than # 4 above).			
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	6 1		Secretary of State use only	
Signature: The phanie Whiteoms				
Printed Name: Stephanie Whitcomb				
Capacity/Title:				
Signature:			IDAHO SECRETARY OF STATE 12/17/2012 05:00	
Drinted Name:			CK: 143 CT: 158010 RH: 1351534	