



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

MYSTICAL SPIRIT SPELLCASTINGS

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

Name: **JANETT TAYLER WINDGLOWS** Complete Address: **P.O. Box 712, DRIGGS, IDAHO 83422**

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

- | | |
|--|--|
| ☐ Retail Trade | ☐ Transportation and Public Utilities |
| ☐ Wholesale Trade | ☐ Construction |
| ☒ Services | ☐ Agriculture |
| ☐ Manufacturing | ☐ Mining |
| ☐ Finance, Insurance, and Real Estate | |

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

JANETT TAYLER WINDGLOWS
P.O. Box 712
DRIGGS, IDAHO 83422

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

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

208-456-0049

Secretary of State use only

Signature: **JANETT T. Windglows**
(signature required)
Printed Name: **JANETT T. Windglows**
Capacity/Title: **PRESIDENT**

(see instruction # 8 on back of form)

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Revised 04/2003

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IDAHO SECRETARY OF STATE
02/07/2007 05:00
CK: 1004 CT: 209455 BH: 1031552
1 @ 25.00 = 25.00 ASSUM NAME # 2