

## CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

## FILED EFFECTIVE

2018 SEP 19 PM 2: 52

SECRETARY OF STATE

D 205620

1.	The assumed business name which the undersigned use(s) in the transaction of business is:					
	Sarah Kennedy Art					
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):					
	Sarah Kennedy	6748 Ustick Rd. Nampa, ID 83687				
	(Name)	(Address)	<u> </u>			
	(Name)	(Address)	184444			
	(Name)	(Address)			<del>1011-0-101-1</del>	
	(Name)	(Address)		**************************************		
3.	The general type of business transacted under the assumed business name is:					
	Retail Trade	Construction	☐ Tran	sportation and Public U	<b>Jtilities</b>	
	Wholesale Trade	Agriculture	Mini	•		
		Manufacturing	∐ Fina	nce, Insurance, and Re	eal Estate	
4.	Mailing address for future correspondence:  5. Name and address for this acknowledgment copy is (if other than # 4):					
	Sarah Kennedy					
	(Name) 6748 Ustick Rd.		(Name)			
	(Address)		(Address)			
	Nampa, ID 83687	(State) (Zipcode)	(City)	(State)	(Zipcode)	
Pri	nted Name: Sarah Kenne	dy		Secretary of State use only		
	nature: Sarah W					
	nted Name:	ennigh		IDAHO SECRETARY OF S 09/19/2018 05:		
Signature:			CK: 202 10 28	CK:20201022 CT:172039 BH:1665093 10 25:00 = 25:00 ASSUM NAME #2		
Pri	nted Name:					

Rev. 08/2015

Signature: