



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.  
Filing fee: \$25.00.

FILED EFFECTIVE

2016 AUG 24 AM 9:02

SECRETARY OF STATE  
STATE OF IDAHO

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

CreationsbyCinda

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):

Cinda Turnquist                      2998 S Zach Place Boise, ID 83706  
(Name)    (Address)

\_\_\_\_\_  
(Name)    (Address)

\_\_\_\_\_  
(Name)    (Address)

\_\_\_\_\_  
(Name)    (Address)

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

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction  | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade         | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Services                | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Cinda Turnquist  
(Name)  
2998 S Zach Place  
(Address)  
Boise, ID 83706  
(City)    (State)    (Zipcode)

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

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City)    (State)    (Zipcode)

Printed Name: Cinda Turnquist

Signature: *Cinda Turnquist*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
**08/24/2016 05:00**  
CK:4049 CT:158010 BH:1543226  
I@ 25.00 = 25.00 ASSUM NAME #2

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