

Printed Name:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

05 APR - 6 AM II: 48

FILED EFFECTIVE

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. NOTE: See instructions on reverse before filing.

1. The assumed business name which the unbusiness is: Scarlet Tead Designs	
2. The true name(s) and business address(est business under the assumed business name Name Melody Paris Sharon Paris	s) of the entity or individual(s) doing ne: Complete Address 104 N. Indiana Ave , Caldwell, 8360 104 N. Indiana Ave , Caldwell, 8360
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities	
 Wholesale Trade ☐ Construction X Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Scarlet Toad Designs Lo H N. Thai ana Ave. Caldwell Tio 83665	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	nent Phone number (optional):
	Secretary of State use only
Printed Name: Melody Pan 3	IDAHO SECRETARY OF STATE 94/06/2006 05 = 00 CK: 3721 CT: 158818 BH: 947783 1 B 25.88 = 25.88 ASSUM NAME # 2
Capacity/Title: ONNe V	CK: 3721 CT: 156816 BH: 947783 1 @ 25.00 = 25.00 ASSUM NAME # 2