

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

SECRETARY

1.	The assumed business name which the undersigned use(s) in the transaction of business 19. Streams Edge Realty 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):				
2.					
	Sabrina Chambosse	1037 E. Winding Creek Drive, Eagle, ID 83616			
	(Name)	(Address)			
	(Name)	(Address)			
	(Name)	(Address)			
	(Name)	(Address)			
	The general type of busine Retail Trade Wholesale Trade Services	ConstructionAgricultureManufacturing	☐ Transi ☐ Minin ☒ Finand	portation and Public L g ce, Insurance, and Re	eal Estate
4.	Mailing address for future Sabrina Chambosse (Name) 5633 W. White Hills Drive (Address) Garden City, ID 83714 (City)		(Name) (Address)	ddress for this acknown than # 4): (State)	(Zipcode)
Printed Name: Sabrina Chambosse Signature: Decos			Secretary of State use only IDAHO SECRETARY OF STATE 04/02/2018 05:00		
Printed Name:			CK:17250570 CT:172099 BH:1635931 16 25.00 = 25.00 ASSUM NAME #3		
Printed Name:			D201630		