

Capacity/Title:___

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

<u>Please type or print legibly.</u> <u>Instructions are included on back of application.</u>

SECRETARY OF STATE

D176471

			STATE OF IDAH	0	
	The assumed business name which the undebusiness is:	ersigned	l use(s) in the transaction of		
L.	1				
	KRYS KRAFTS				
2.	The true name(s) and <u>business</u> address(es)	of the e	ntity or individual(s) doing		
t	business under the assumed business name:				
	Name		Complete Address	unlew	
•	Sheryl A Egglesten	4578	E Lancaster Rd. 8	3835	
	Krystiana Schmidt	scene	as above		
3.	The general type of business transacted und	er the a	ssumed business name is:		
	Retail Trade Transportation and Public Utilities				
	Wholesale Trade Construction				
	Services Agriculture	ı			
	☐ Manufacturing ☐ Mining		Submit Certificate of Assumed Business		
	Finance, Insurance, and Real Estate		Name and \$25.00 fee to:		
4.	The name and address to which future		Secretary of State		
	correspondence should be addressed:		450 North 4th Street		
4	Sherul Eggleston		PO Box 83720		
1	4528 E. Lancaster Rd		Boise ID 83720-0080 208 334-2301		
_	Hayden JO 83835				
5. N	Name and address for this acknowledgment				
C	COPY IS (if other than #4 above):				
-					
-					
-			Secretary of State use only		
Signatu	ure: Sheyld. Egglest		TRIVA CEARANIAI AC AMI	m 5	
Printed Name: <u>SHERYL'A. EGGLESTON</u>		IDANO SECRETARY OF STATE 02/03/2015 05:08			
Capacity/Title: owner		1	CK:7581 CT:158010 BH:1459982 16 25.00 = 25.00 ASSUM NAME #2		
Signatu	ure:		TG 25.00 = 25.00 ASSUM	NAME #2	
Printed	d Name:		T $10/$		