



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned **MAR -5 AM 8:55**
submits for filing a certificate of Assumed Business Name.

Please type or print legibly.
Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Vintage Vixens Market

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Suzy Pfefferle</u>	<u>1336 4th Ave East</u>
<u></u>	<u>Twin Falls, ID 83301</u>
<u></u>	<u></u>

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

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Suzy Pfefferle
1336 4th Avenue E.
Twin Falls, ID 83301

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

Signature: Suzy Pfefferle
Printed Name: Suzy Pfefferle
Capacity/Title: Owner
Signature:
Printed Name:
Capacity/Title:

Secretary of State use only

IDAHO SECRETARY OF STATE
03/05/2015 05:00

CK:1058 CT:307304 BH:1464834
10 25.00 = 25.00 ASSUM NAME #2

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