



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 APR -3 AM 10:40

SECRETARY OF STATE
STATE OF IDAHO

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

Smokin' Mirrors Boutique

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):

Amanda D. Shepherd 996 Spring Valley Rd. Troy, ID 83871
(Name) (Address)

Alan C Shepherd 996 Spring Valley Rd. Troy, ID 83871
(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:

Amanda Shepherd
(Name)
996 Spring Valley Rd
(Address)
Troy ID 83871
(City) (State) (Zipcode)

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

(Name)
(Address)
(City) (State) (Zipcode)

Printed Name: Amanda Shepherd

Signature: Amanda Shepherd

Printed Name: Alan Shepherd

Signature: Alan Shepherd

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/03/2017 05:00

CK:1507 CT:337221 BH:1576836
1@ 25.00 = 25.00 ASSUM NAME #2

D193371