



**CERTIFICATE OF  
ASSUMED BUSINESS NAME**

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

**Please type or print legibly.**

**NOTE: See Instructions on reverse before filing.**

FILED EFFECTIVE  
2007 APR -2 AM 10:01  
CPL

Chic Paw

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

Name \_\_\_\_\_

**Complete Address**

Tiffany Thompson

10653 N. Ash st  
Hayden Lake, Idaho  
83835

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

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation
<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	

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

Tiffany Thompson  
101053 10 Ash St  
Hayden Lake, Idaho 83835

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

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

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Phone number (optional):

**Signature:**

Tiffany Thompson

Printed Name: Tiffani Thompson

Capacity/Title: owner  
(see instruction # 8 on back of form)

Corporate formation formation.p85  
Revised 06/2003

**Secretary of State use only**

IDaho SECRETARY OF STATE  
04/03/2007 05:00  
CX: 638219865 CT: 158918 RH: 1044435  
1 0 25.00 = 25.00 ASSUM NAME # 2

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