

Printed Name: \_ Capacity/Title: \_

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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

2014 OCT 27 AM 10: 18

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

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the business is:	undersigned use(s) in the transaction of
Moonstruck Misco	ellania
2. The true name(s) and <u>business</u> address business under the assumed business reads to the belong L. Hise!	name: <u>Complete Address</u>
3. The general type of business transacted Retail Trade Transporta Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Est	on Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  Debora L. Hisel  15597 Wagner Rd.  Cald Well, TD 83607	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgr copy is (if other than # 4 above):	ment 
	Secretary of State use only
Signature: <u>Nelvera S. Hisel</u> Printed Name: <u>Debora L. Hisel</u> Capacity/Title: <u>owner</u>	- IDAHO SECRETARY OF STATE 10/27/2014 05:00 - CK:1073 CT:75245 BH:1446743 - 16 25.00 = 25.00 ASSUM NAME #2
Signature:	
Drintod Name:	- D174562