



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

08 NOV 17 AM 8:49

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

**SECRETARY OF STATE
STATE OF IDAHO**

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

The Funky Fairy Shoppe

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

Alena M. Orrison

3419 W Lilac Court Apt A, Post Falls, ID 83854

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 | |

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

Alena M. Orrison

3419 W Lilac Court Apt A

Post Falls, ID 83854

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Signature: *Alena M. Orrison*

(signature required)

Printed Name: Alena M. Orrison

Capacity/Title: owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\format\form\alabn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
11/17/2008 05:00
CK: 1897 CT: 231473 BH: 1144613
1 25.00 = 25.00 ASSUM NAME # 2

D126324