



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.  
Filing fee: \$25.00.

**FILED EFFECTIVE**  
2017 JUL 10 AM 10:20

SECRETARY OF STATE  
STATE OF IDAHO

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

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):

Tori Shields 5734 E. Millet Dr. Boise ID 83714  
(Name) (Address)

(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:

Tori Shields  
(Name)  
5734 E. Millet Dr.  
(Address)  
Boise ID 83714  
(City) (State) (Zipcode)

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

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zipcode)

Printed Name: Tori Shields

Signature: Tori Shields

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
07/11/2017 05:00  
CK:3132 CT:342389 BH:1592841  
1@ 25.00 = 25.00 ASSUM NAME #2

D195736