



# 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

2006 JAN -4 AM 8:56

SECRETARY OF STATE  
STATE OF IDAHO

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

We Wish Specialty

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

Diane Strolberg

1144 East 1020 North - Richfield, Idaho 83349

Larry Strolberg

1144 East 1020 North - Richfield, Idaho 83349

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

- ☒ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☐ Services      ☐ Agriculture  
☒ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate

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

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

We Wish Specialty

1144 East 1020 North

Richfield, Idaho 83349

Phone number (optional):

208-487-2117

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

(signature required)

Printed Name: Diane Strolberg

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

095058

IDAHO SECRETARY OF STATE  
01/04/2006 05:00  
CK: 3610 CT: 150010 BH: 930029  
1 @ 25.00 = 25.00 ASSUM NAME # 2