

227

FILED EFFECTIVE



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2018 AUG 15 PM 2:16

SECRETARY OF STATE  
STATE OF IDAHO

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

iB Cabinet Creations

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):

Isabelle M Brooks 2259 Brooks Haven Ln, Filer, ID 83328

(Name) (Address)

Mitchell W Brooks II 2259 Brooks Haven Ln, Filer, ID 83328

(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:

Isabelle Brooks

(Name)

2259 Brooks Haven Ln

(Address)

Filer, ID 83328

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Isabelle M. Brooks

Signature: *Isabelle Brooks*

Printed Name: Mitchell W. Brooks II

Signature: *MP Brooks*

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

08/16/2018 05:00

CK:19913434 CT:172099 BH:1659246

1@ 25.00 = 25.00 ASSUM NAME #2

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