

Signature:__

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2016 OCT 24 AM 10: 56

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	Vintage Etc		
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): Onna Darlene Loper P.O. Box 544 New Meadows, Id. 83654 (Name) Physical caddress New Meadows, Id. 83654		
	Onna Darlene Loper	P.O. Box 544 New N	Meadows, Id. 83654 (321 VIRGINIA AVE)
	(Name)	(Address)	New meadows, I
	(Name)	(Address)	
	(Name)	(Address)	
	(Name)	(Address)	
3.	The general type of business transacted under the assumed business name is:		
	Retail Trade Wholesale Trade	Construction Agriculture	☐ Transportation and Public Utilities☐ Mining
	Services	Manufacturing	Finance, Insurance, and Real Estate
4.	Mailing address for future	correspondence:	 Name and address for this acknowledgment copy is (if other than # 4);
	Darlene Loper		
	(Name) P.O. Box 544		(Nanie)
	(Address) New Meadows Idaho	83654	(Address)
	(City)	State) (Zipcode)	(City) (State) (Zipcode)
Printed Name: Onna Darlene Loper			Secretary of State use only
Sig	gnature: <u>alloue</u>	Loper_	
Printed Name:			IDAHO SECRETARY OF STATE 10/24/2016 05:00
Signature:			CK:402 CT:158010 BH:1552254 16 25.00 = 25.00 ASSUM NAME #2
Printed Name:			in t
Sic	ınature:		D189974

Rev. 08/2015