



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned **2012 SEP 10 AM 10:19**
submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

Please type or print legibly.
Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Your Business Success

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

Debra Mott

5170 S. Stach Rd. Coeur d Alene, Id 83814

Diana Nottage

5900 W. Heine Rd. Coeur d Alene, Id. 83814

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" 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:

Debra Mott

5170 S. Stach Rd. Coeur d Alene, Id. 83814

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

Debra Mott

5170 S. Stach Rd.

Coeur d Alene, Id. 83814

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: *DMott*

Printed Name: Debra Mott

Capacity/Title: Owner

Signature: *D Nottage*

Printed Name: Diana Nottage

Capacity/Title: Owner

IDAHO SECRETARY OF STATE
09/11/2012 05:00
CK: 9101 CT: 272943 BH: 1339305
1 @ 25.00 = 25.00 ASSUM NAME # 2

D158014