



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2014 JAN 17 AM 11:13

**SECRETARY OF STATE
STATE OF IDAHO**

Please type or print legibly.

Instructions are included on back of application.

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

Antique Lace Boutique

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Shauna Anderson</u>	<u>4224 S. Federal Way Boise 83716</u>
<u>Linda Vudd</u>	<u>4295 S. Epsilon Way Boise 83716</u>

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

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

Shauna Anderson
4224 S. Federal Way
Boise ID 83716

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

Signature: Shauna Anderson

Printed Name: Shauna Anderson

Capacity/Title: _____

Signature: Linda Vudd

Printed Name: Linda Vudd

Capacity/Title: _____

Secretary of State use only

DL68250

IDAHO SECRETARY OF STATE
01/17/2014 05:00
CK: 1674556 CT: 172099 BH: 1406524
1 @ 25.00 = 25.00 ASSUM NAME # 2