



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

**FILED EFFECTIVE**

2017 APR 12 AM 9:01

SECRETARY OF STATE  
STATE OF IDAHO

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

Svenson Hypnosis

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):

Sharon <sup>Alden</sup> Svenson 509 Middle Fork Rd. Garden Valley, ID 83622  
(Name) Sharon Alden-Svenson (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

- |  |  |  |
|--|--|--|
| <input 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 checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Sharon <sup>Alden</sup> Svenson  
(Name)  
509 Middle Fork Rd  
(Address)  
Garden Valley, ID 83622  
(City) (State) (Zipcode)

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

Sharon Alden-Svenson  
(Name)  
509 Middle Fork Rd  
(Address)  
Garden Valley ID 83622  
(City) (State) (Zipcode)

Printed Name: Sharon <sup>Alden</sup> Svenson

Signature: Sharon Svenson

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

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

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

04/12/2017 05:00

CK:1286 CT:337876 EH:1578839  
10 25.00 = 25.00 ASSUM NAME #2

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