

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

12 FEB - 3 AM 9: 02

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

SECRETARY OF STATE STATE OF IDARIO

Clover Creek Quilting  2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:      Name     Complete Address	
	The state of the s
. The general type of business transacted u	nder the assumed business name is:
☐ Wholesale Trade ☐ Construction	and Public Utilities
✓ Services	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:	Name and <b>\$25.00</b> fee to:  Secretary of State  450 North 4th Street
Jill R Wright	PO Box 83720
249 S 8th St Montpelier, ID 83254	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	nt .
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	Secretary of State use only
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nted Name: Jill R Wright	
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