



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2003 OCT 14 AM 9:49

SECRETARY OF STATE  
STATE OF IDAHO

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

Carma's Twisted Root Studio

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

Carma Johnson

2085 Eagle Drive  
Ammon, ID. 83406

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

- ☒ Retail Trade ☐ Transportation and Public Utilities  
☐ Wholesale Trade ☐ Construction  
☐ Services ☐ Agriculture  
☐ Manufacturing ☐ Mining  
☐ Finance, Insurance, and Real Estate

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

Carma's Twisted Root Studio  
2085 Eagle Drive  
Ammon, ID. 83406

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

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Phone number (optional):

208-523-8482

Signature:

Carma Johnson  
(signature required)

Printed Name:

Carma Johnson

Capacity/Title:

sole proprietor

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\labn form\labn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
10/14/2003 05:00  
CK: 4138 CT: 158810 BH: 786314  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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