



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2017 DEC 21 AM 8:48

SECRETARY OF STATE
STATE OF IDAHO

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

Your Life Your Way

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):

William S Thomas 132 McCulloch DR., West Magic, ID 83352
(Name) (Address)

Vickie L Thomas 132 McCulloch DR., West Magic, ID 83352
(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

William S Thomas

(Name)

960 West Magic RD., UNIT 51

(Address)

West Magic, ID 83352

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: William S Thomas

Signature: William S. Thomas

Printed Name: Vickie L Thomas

Signature: Vickie L Thomas

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/21/2017 05:00

CK:6937 CT:350038 BH:1617489
1@ 25.00 = 25.00 ASSUM NAME #2

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