

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

**FILED EFFECTIVE** 

9 JAN 13 PM 2:01

STATE OF IDAHO

submits for filing a certificate of Assumed Business Name. Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the undersign business is:  ARTA Events	ed use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Honey L. Yorsh 80	centity or individual(s) doing  Complete Address  22 W. TRINE VOOP  2 m pa T.D. 83686
3. The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  802 W. TRINE MOOP Na MPA TD, 83686	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080  (208) 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above).	
	Secretary of State use only
Signature: Hone L. Salar  Printed Name: Hone L. L. Salar  (signature required)  Capacity/Title: OUN P. C.	IDAHO SECRETARY OF STATE <b>01/13/2009 <b>05:0</b>0 CK: 1883 CT: <u>158810 BH: 11521</u>8</b>