

Signature: \_\_\_

Capacity/Title:\_\_\_\_\_

Printed Name:

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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

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

11 MAR 22 AH 8: 97

SECAL BY OF STATE
STATE OF IDAHO

Metamorphos	is Fashion Consulting
The true name(s) and <u>business</u> address(business under the assumed business n  Name  T2M Enterprises, LLC (W 100002)	• •
The general type of business transacted  Retail Trade Transportati  Wholesale Trade Construction	ion and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Theresa L. McNiven	Secretary of State 450 North 4th Street PO Box 83720
738 S Waterton Ave	Boise ID 83720-0080 208 334-2301
Eagle, Idaho 83616  Name and address for this acknowledgm COpy is (if other than # 4 above):	nent
	Secretary of State use only
ture: Theresa L. McNiven	-
city/Title: Owner	-

IDAHO SECRETARY OF STATE

03/22/2011 05:00

CK: 1001 CT: 256860 RH: 1265512
1 0 25.00 = 25.00 ASSUM NAME # 2

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