

## CERTIFICATE OF ASSUMED BUSINESS NAME

MISHAR -2 AM 9:26

**FILED EFFECTIVE** 

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

SECRETARY OF STATE

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

	Fantasia Event Center	
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  Maria R Pasillas  2500 Washington Ave	
	Felipe Pasillas Bur	ley, ID 83318
3.	The general type of business transacted under  Retail Trade Transportation an  Wholesale Trade Construction  Services Agriculture  Manufacturing Mining	d Public Utilities  Submit Certificate of
	Finance, Insurance, and Real Estate	Assumed Business Name and <b>\$25.00</b> fee to:
4.	The name and address to which future correspondence should be addressed: Fantasia Event Center	Secretary of State 450 North 4th Street PO Box 83720
	122 W 13th Street	Boise ID 83720-0080 208 334-2301
	Burley, ID 83318	200 334 2301
5.	Name and address for this acknowledgment COPY is (if other than # 4 above): Fantasia Event Center 2500 Washington Ave	
	Burley, ID 83318	Secretary of State use only
Printe	ed Name: Maria Pasillas  city/Title: Manager/Owner	IDAHO SECRETARY OF STATE 03/02/2015 05:00 CK:17130322398 CT:307152 BH:

CK:17130322398 CT:307152 BH:1464287 16 25.00 = 25.00 ASSUM NAME #2

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Signature: Feipe Pas://as

Capacity/Title: Manager

Printed Name: FeliPe Pasillas