



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2016 JUN -8 AM 11:42

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Glamorex

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

<u>R. Claire Meigs</u>	<u>19246 Deer Flat Rd Caldwell Id. 83607</u>
<u>Shayan Toghiani</u>	<u>6747 W. Colchaven Dr. Boise Id. 83704</u>

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

6747 W. Colchaven Dr. #102
Boise Id. 83704

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

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: _____

Printed Name: R. Claire Meigs

Capacity/Title: owner

Signature: _____

Printed Name: Shayan Toghiani

Capacity/Title: owner

Secretary of State use only

IDAHO SECRETARY OF STATE

06/08/2016 05:00

CK: 3927492 CT: 172099 BH: 1532315
1@ 25.00 = 25.00 ASSUM NAME #2

D187093