

## 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.

2013 JUL -5 PM 4: 27
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 or business is:		
	Olivia's Dance Bag		
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		
	Rowe Rowe Your Boat LLC	3879 S. Taylorview Ln. Ammon, ID 83406	
	W126978		
3. The general type of business transacted under the assumed business name is  Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture			olic Utilities
	☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	•	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4.	The name and address to which future correspondence should be addressed: Olivia's Dance Bag 3879 S. Taylorview Ln. Ammon, ID 83406		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	nt	
Signa	ature: Rebecco J. Nove		Secretary of State use only
_	ed Name: Rebecca L. Rowe		
Capa	city/Title: Manager		
Signa	ature:		
Printed Name: Zachary J. Rowe			IDAHO SECRETARY OF STATE
Capa	city/Title: Manager		CK: 1467467 CT: 172099 BH: 1381037 1 8 25.00 = 25.00 ASSUM NAME # 3

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