

CERTIFICATE OF ASSUMED BUSINESS NAME

Signature:

CERTIFICATE O	OF PILED EFFECTIVE
ASSUMED BUS	SINESS NAME
Title 30, Chapter 21, Part 8, In Filing fee: \$25.00.	SINESS NAME SECTION AND 9: 43
1. The assumed business name which	the undersigned use(s) in the transaction of business is:
Dominique's	
 The individual and/or entity names ar the assumed business name (do not it 	nd business address(es) of those doing business under notude the name you listed in #1):
Dominique Malone (or (Address)	17 Ash St. Twin Falls ID 83301
(Name) (Address)	
(Name) (Address)	
(Name) (Address)	
 The general type of business transact 	ted under the assumed business name is:
	onstruction Transportation and Public Utilities
<u> </u>	griculture Mining anufacturing Finance, Insurance, and Real Estate
4. Mailing address for future correspond	dence: 5. Name and address for this acknowledgment copy is (if other than #4).
Dominique Malone	(Name)
(Address) Ash St	(Address)
Twin falls II 83 (State)	(Zipcode) (City) (State) (Zipcode)
Printed Name: Dominique Mak	Secretary of State use only
Signature: Kominique Ma	lone
Printed Name:	IDAHO SECRETARY OF STATE 11/15/2016 05:00
Signature:	CK:7347 CT:158010 BH:1555254 10 25.00 = 25.00 ASSUM NAME #2
Printed Name:	

Rev. 08/2015

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