

2013 NOV -7 AM 10: 20

SECRETARY OF STATE
STATE OF IDAHO



CERTIFICATE OF ASSUMED BUSINESS NAME

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.

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

Three Peas Design Studio

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>KJ+ CREW. LLC</u>	<u>1026 E. Legacy View Dr.</u>
<u>(W54033)</u>	<u>Meridian, ID 83646</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 checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

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

Three Peas Design Studio
1026 E. Legacy View Dr.
Meridian, ID 83646

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

Signature: Kara Vanderleest

Printed Name: KARA VANDERLEEST

Capacity/Title: owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/07/2013 05:00
CK: 1131 CT: 289461 DH: 1397138
1 @ 25.00 = 25.00 ASSUM NAME # 2

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