

## **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.

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

1. The assumed business name which the und business is:  Retail Details	dersigned use(s) in the transaction of
2. The true name(s) and business address(es) business under the assumed business name Name  Shauna Kim Brown  ———————————————————————————————————	of the entity or individual(s) doing e: Complete Address 6565 West Tobi Drive Boise, Idano 83714
The general type of business transacted und	der the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Retail Details  Boise, Idaho 83714  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 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):  (208) 853-0916
	Secretary of State use only
Signature: Shawa Tim Brown  Printed Name: Shawa Kirn Brown  Capacity/Title: Owner  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  1100 SECRETARY OF ST

25. WU ASSUM NAME # 2

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