

Signature:___

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 NOV -3 PM 3: 20

SECRETARY OF STATE

1.	The assumed business name which the undersigned use(s) in the transaction of business is: SOCIAL MEDIA MANAGEMENT AGENCY			
2.	The individual and/or entity names and business at the assumed business name (do not include the name LISA NICOLE LBD, LLC 4601 N SHIRLEY AV		• •	
	(Name)	(Address)		
	(Hosav)	() idaioso)		
	(Name)	(Address)		
	(Name)	(Address)		
The general type of business transacted under the assumed business.				s:
	☐ Retail Trade ☐ Wholesale Trade ☒ Services	☐ Construction☐ Agriculture☐ Manufacturing	Mining	nd Public Utilities
4.	Mailing address for future co	rrespondence:	5. Name and address for copy is (if other than # 4):	this acknowledgment
	LISA N HEVERN			
	(Name) 4601 N SHIRLEY AVENUE		(Name)	
	(Address)		(Address)	
	BOISE, IDAHO, 83703 (City) (Sta	te) (Zipcode)	(City)	(State) (Zipcode)
Printed Name: LISA N HEVERN			Secretary of State use only	
Printed Name: LISA N HEVERN Signature: Deven			IDAHO SECRE	TARY OF STATE
Printed Name:			11/03/2017 05:00 CK:CASH CT:347956 BH:1610547	
Signature:				7956 BH:1610547 OD ASSUM NAME #3
Printed Name:				198154

Rev. 08/2015