



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE  
2017 JAN 27 AM 9:37  
SECRETARY OF STATE  
STATE OF IDAHO

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

THE Twisted Fence

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

|                                |  |
|--------------------------------|--|
| <u>Lisa Elliott</u>            | <u>5080 W. Moonlake Dr Meridian ID 83646</u> |
| <u>Joe Elliott</u>             | <u>5080 W. Moonlake Dr Meridian ID 83646</u> |
| _____<br><small>(Name)</small> | _____<br><small>(Address)</small>            |
| _____<br><small>(Name)</small> | _____<br><small>(Address)</small>            |

3. The general type of business transacted under the assumed business name is:

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Retail Trade    | <input type="checkbox"/> Construction             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture              | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Services        | <input checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

THE Twisted Fence  
5080 W. Moonlake Dr  
Meridian ID 83646

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name: Lisa Elliott

Signature: [Signature]

Printed Name: Joe Elliott

Signature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

01/27/2017 05:00

CK:1502 CT:158010 BH:1566103  
10 25.00 = 25.00 ASSUM NAME #2

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