

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2013 MAY 28 AM 11:58

SECRETARY OF STATE
STATE OF IDAHO

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:

VERO'S CLOSET

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>VERONICA GUTIERREZ</u>	<u>384 WATCHMAKER ST TWIN FALLS ID 83301</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 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 | |

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

VERONICA GUTIERREZ
384 WATCHMAKER ST
TWIN FALLS ID 83301

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

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

Signature: *Veronica Gutierrez*

Printed Name: VERONICA GUTIERREZ

Capacity/Title: OWNER

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/29/2013 05:00
CK: 1417042 CT: 172099 BH: 1375757
I @ 25.00 = 25.00 ASSUM NAME # 2

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