



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

**FILED EFFECTIVE**

2018 MAY 16 AM 8:37

SECRETARY OF STATE  
STATE OF IDAHO

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

CREATIONS N CHROME

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):

KRISTIN WATSON 33668 N. NEWMAN DR SPIRIT LAKE, ID 83869  
(Name) (Address)

GARY WATSON 33668 N NEWMAN DR SPIRIT LAKE, ID 83869  
(Name) (Address)

ULTRA CHROME SOLUTIONS, LLC 33668 N NEWMAN DR, SPIRIT LAKE, ID 83869  
(Name) (Address)  
(W196745)  
(Name) (Address)

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 checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

CREATIONS N CHROME  
(Name)  
33668 N NEWMAN DR  
(Address)  
SPIRIT LAKE ID 83869  
(City) (State) (Zipcode)

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

SAME AS #4  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zipcode)

Printed Name: KRISTIN WATSON  
Signature: [Signature]  
Printed Name: GARY WATSON  
Signature: [Signature]  
Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
05/16/2018 05:00  
CK:1776 CT:357867 BH:1644102  
10 25.00 = 25.00 ASSUM NAME #2

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