

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2015 NOV 12 AM 10:37

SECRETARY OF STATE
STATE OF IDAHO

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

Bloom your life

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):

Tony McCammon 2032 Hillcrest Dr Twin Falls ID 83301
(Name) (Address)

Melissa McCammon 2032 Hillcrest Dr Twin Falls ID 83301
(Name) (Address)

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade☐ Construction☐ Transportation and Public Utilities☐ Wholesale Trade☐ Agriculture☐ Mining☒ Services☐ Manufacturing☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Tony & Melissa McCammon
(Name)

2032 Hillcrest Dr
(Address)

Twin Falls ID 83301
(City) (State) (Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Tony McCammon

Signature: [Signature]

Printed Name: Melissa McCammon

Signature: [Signature]

Printed Name: _____

Signature: _____

Rev. 08/2018

Secretary of State use only

IDAHO SECRETARY OF STATE

11/12/2015 05:00

CK:3359308 CT:172099 BH:1500101

1@ 25.00 = 25.00 ASSUM NAME #2

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