

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly. Instructions are included on back of application.

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CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, to submits for filing a certificate of Assumed Instructions are included on back of approximately.	S NAME the undersigned Business Name. SECRETARY TO PARTIE OF
The assumed business name which the ur business is: 4Fun Novelties	
The true name(s) and <u>business</u> address(e business under the assumed business name Name Jennifer Bryan William Bryan	
3. The general type of business transacted u Retail Trade Transportatio Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Jennifer Bryan 11215 W Inglin Ct Boise, Id 83709	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
Signature: Printed Name: Signature: Signature: Printed Name: William Bryan	IDAHO SECRETARY OF STATE 91/19/2013 05:00 CK: 3188 CT: 158818 RH: 1355256

160252

01/10/2013 05:00 CK: 3100 CT: 158010 BH: 1355256 1 0 25.00 = 25.00 ASSUM NAME # 2

Capacity/Title: Owner