

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FLED EFFE STIVE

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

08 JUL 14 AM 8: 41 SECRETARY OF STATE STATE OF IDAHO

YOGA STUDIO  2. The true name(s) and business address(es business under the assumed business nam Name	of the entity or individual(s) c Complete Addres	
SUSAN HAVLINA	307 TARA CT., FRUIT	LAND 1D 83619
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  The NAME OF TARA CET FRUITIAND ID \$3619	Submit Certificate Assumed Busines Name and \$25.00 ldaho Secretary of 450 N 4th Street PO Box 83720 Boise ID 83720-00 (208) 334-2301	e of ess 0 fee to: State
<ol> <li>Name and address for this acknowledgme copy is (if other than # 4 above).</li> </ol>	nt	
	Secretary of S	itate use only
gnature: <u>Susan Harlie</u> (signature required)  inted Name: <u>Susan Harlina</u> apacity/Title: <u>DNNER</u> (see instruction # 8 on back of form)	gitcopykomstabn formstabn p85 gitcopykomstabn p85 CK: 16.	4 CT: 227781 BH: 112671

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