



# CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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.**

06 AUG 22 PM 2:07

SECRETARY OF STATE  
STATE OF IDAHO

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

Fiore della Vita

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Fiore della Vita /Cynthia  
Mignanelli 1312 E. Franklin St. Boise, ID 83712

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:

Fiore della Vita  
1312 E. Franklin St.  
Boise, ID 83712

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Phone number (optional):

208.431.3612

Secretary of State use only

Signature: Cynthia Mignanelli  
(signature required)

Printed Name: Cynthia Mignanelli

Capacity/Title: OWNER

(see instruction # 8 on back of form)

g:\corpform\ain\formstat\ps5  
Revised 04/2003

IDAHO SECRETARY OF STATE  
08/22/2006 05:00  
CK: CASH CT: 158810 BH: 971299  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 102963