

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

SECRETARY OF STATE STATE OF IDAHO

2010 APR -6 PM 4: 28

	Please type or print legibly. NOTE: See instructions on reverse before filling	ng.		
1.	The assumed business name which the undersignusiness is:  Angelic Professional Services &			
	Pargone Fotosional Oct 1000 a	Toporty Manag	omork	
2.	business under the assumed business name:		ividual(s) doing te Address	5 7 /
	Angelique Combs	• 1	pop Sagle, ID 83860	
3.	The general type of business transacted under the	ne assumed t	iusiness name is:	
œ.	Retail Trade Transportation and Wholesale Trade Construction	Public Utilitie		
	✓ Services	Subm	Certificate of	1
:	☐ Manufacturing ☐ Mining		ed Business	1
	Finance, Insurance, and Real Estate	Name	and <b>\$25.00</b> fee to:	1
4.	The name and address to which future correspondence should be addressed:	450 N - PO Box	secretary of State (th Street 83720	·
	Angelique Combs	Boise I	D 83720-0080	
	P.O. Box 1194	(208) 3	4-2301	
	Sandpoint ID 83864			₫
5.	Name and address for this acknowledgment copy is (if other than #4 above):			
	oopy to the dust state in 4 above).			
		:	Secretary of State use only	· · ·
	d Name: Angelique Combs		IDAHO SECRETARY  94/97/2919 CK: 415545 CT: 17289	OF STATE   <b>05 : 00</b>   <b>31:</b> 1216535   ASSUM HAME <b>!</b> 2
	(see instruction # 8 on back of form)			
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