



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

2017 MAR 15 AM 10:03

SECRETARY OF STATE  
STATE OF IDAHO

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

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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):

CASSANDRA Atchison 116 W. Neider Ave Coeur D'Alene  
(Name) (Address) IDAHO 83815

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

☐ Retail Trade  
☐ Wholesale Trade  
☒ Services

☐ Construction  
☐ Agriculture  
☐ Manufacturing

☐ Transportation and Public Utilities  
☐ Mining  
☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

CASSANDRA Atchison  
(Name)  
2041 W. Marilyn Way  
(Address)  
Post Falls IDAHO 83854  
(City) (State) (Zipcode)

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

CASSANDRA Atchison  
(Name)  
116 W. Neider Ave.  
(Address)  
Coeur D'Alene IDAHO 83815  
(City) (State) (Zipcode)

Printed Name: CASSANDRA Atchison

Signature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

03/15/2017 05:00

CK:3611 CT:336233 BH:1573849

18 25.00 = 25.00 ASSUM NAME #2

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