

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

SECRETARY OF STATE

1.	The assumed business name which the undersigned use(s) in the transaction of business Allegra Amor					
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):					
	Robert Crabb	408 W 21st Ave. Apt A,Post Falls, ID 83854				
	(Nате)	(Address)				
	(Name)	(Address)				
	(Name)	(Address)	iress)			
	(Name)	(Address)				
3.	The general type of business transacted under the assumed business name is:					
	Retail Trade Wholesale Trade Services	Construction Agriculture Manufacturi	Tran	sportation and Public U		
4.	Mailing address for future correspondence: 5			5. Name and address for this acknowledgment copy is (if other than #4):		
	Robert Crabb					
	(Name) 408 W 21st Ave. Apt. A (Address) Post Falls, ID 83854		(Name)	(Name)		
			(Address)			
	(City)	(State) (Zipcode)	(City)	(State)	(Zipcode)	
Printed Name: Robert Crabb				Secretary of State use only		
Siç	gnature: Toda / C	abb		IDAMO SECRETARY OF STA		
Printed Name:				01/05/2017 05:00 CK:NO CK# CT:333007 BH:1562458		
Sig	gnature:		16 25	1.00 = 25.00 ASSUM	NAME #2	
Pri	nted Name:	D	191255			
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Rev. 08/2015