



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2016 SEP 23 AM 9:15
SECRETARY OF STATE
STATE OF IDAHO

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

Violet Avenue

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):

Ashlee King 346 Orchalara Ave. Twin falls, ID 83301
(Name) (Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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



Retail Trade



Construction



Transportation and Public Utilities



Wholesale Trade



Agriculture



Mining



Services



Manufacturing



Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Ashlee King
346 Orchalara Ave
(Name)

Twin falls ID 83301
(Address)

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Ashlee King

Signature: Ashlee King

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/23/2016 05:00

CK:144 CT:302036 BH:1547756

1@ 25.00 = 25.00 ASSUM NAME #2

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