

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 JUN 18 AM 8: 42 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See Instructions on reverse before fills	SECTATE OF IDAHU
The assumed business name which the undersig business is:	gned use(s) in the transaction of
Desi's Custom Cakes	
The true name(s) and business address(es) of the business under the assumed business name: Name	
Name Desiree Richards 141	Complete Address 2 N 850 E Shalay ID 83274
	PH 4200 SHORE 10 1032-11
3. The general type of business transacted under th	ne assumed business name is:
Retail Trade Transportation and I Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Desiree Richards 1412 N 850 E Sholley ID 83214	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
 Name and address for this acknowledgment copy is (if other than #4 above): 	Phone number (optional):
oopy to the state of the state	<u> 208-357-5484</u>
	Secretary of State use only
ignature: (aignature required)	
rinted Name: Desiree Richards	

IDAHO SECRETARY OF STATE 96/18/2008 95:00 CK: 1874 CT: 158010 BH: 1128382 1 8 25.00 = 25.00 ASSUM MAME # 2