



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

2013 FEB 12 AM 8:44

SECRETARY OF STATE  
STATE OF IDAHO

**Please type or print legibly.**

**Instructions are included on back of application.**

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

Clipalicious

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Pam Duce

545 W. Mulberry Loop, Nampa ID 83686

Leon Duce

545 W. Mulberry Loop, Nampa ID 83686

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

4. The name and address to which future correspondence should be addressed:

Clipalicious

545 W. Mulberry Loop

Nampa, ID 83686

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Pam Duce

Printed Name: Pam Duce

Capacity/Title: Owner

Signature: Leon Duce

Printed Name: Leon Duce

Capacity/Title: Partner

Secretary of State use only

IDAHO SECRETARY OF STATE  
02/12/2013 05:00  
CK: 6427 CT: 279338 BH: 1359943  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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