

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

05 FEB -2 PN 4: 56

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

	• "
. The assumed business name which the undersigned	ed use(s) in the transaction of
business is:	
<u>Heavenly Suds</u>	
J	
The true name(s) and business address(es) of the	entity or individual(s) doing
business under the assumed business name:	
<u>Name</u>	Complete Address
Amanda Duncan 270	077 old Fort Boise Ro
1	Parme. Id. 83460
The general type of business transacted under the	assumed business name is:
——————————————————————————————————————	
Retail Trade Transportation and Pu	ıblic Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
Manufacturing	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
	Secretary of State
The name and address to which future correspondence should be addressed:	700 West Jefferson
	Basement West
Heavenly Suds	PO Box 83720
27077 Ord Fort Boise Rd	Boise ID 83720-0080 208 334-2301
Parma Id. 83460	200 334-2301
•	Phone number (optional):
5. Name and address for this acknowledgment	0 0 -0 -001
COPY IS (if other than # 4 above).	208-122-7221
	Secretary of State use only
w	
ature: (signature required) (signature required) ted Name: Amanda Duncan	
nature: Amd Du	IDAHO SECRETARY OF STATE
ted Name: Amada Duncan 1888	92/93/2095 95: CK: CASH CT: 15AB16 BH: 79

1 9 25.88 = 25.88 ASSUM NAME # 2

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