



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.

2012 DEC -5 AM 9:01

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:

Candles by the lake

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

<u>Name</u>	<u>Complete Address</u>
<u>Susan Griffin</u>	<u>2421 Titleist way</u>
	<u>Post Falls ID. 83854</u>

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 checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input checked="" 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:

2421 Titleist way Post Falls
Idaho
83854

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

Susan Griffin
2421 Titleist way
Post Falls ID. 83854

Signature: [Signature]

Printed Name: Susan Griffin

Capacity/Title: owner

Signature: [Signature]

Printed Name: Susan Griffin

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/05/2012 05:00
CK: NO CK # CT: 158810 BH: 1349982
1 @ 25.00 = 25.00 ASSUM NAME # 2

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