



# 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 JAN 18 AM 9:10

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE  
STATE OF IDAHO

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

Unique Artistry

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>Cheryl Clive</u>	<u>1751 Peggys Ln</u>
<u>Jon Clive</u>	<u>Idaho Falls, ID 83402</u>

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

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" 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:

1751 Peggys Ln  
Idaho Falls, ID 83402

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

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

Signature: Cheryl Clive

Printed Name: Cheryl Clive

Capacity/Title: Owner/Operator

Signature: Jon Clive

Printed Name: Jon Clive

Capacity/Title: Business Manager

Secretary of State use only

IDAHO SECRETARY OF STATE  
01/18/2013 05:00  
CK: 2976 CT: 150010 BH: 1356387  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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