



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

11 DEC 30 AM 8:48

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:

WILD ROSE CREATIONS, _

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

Name

KRISTENE ROSE

Complete Address

3912 WEST 2250 NORTH, REXBURG, ID 83440

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:

KRISTENE ROSE

3912 WEST 2250 NORTH

REXBURG, ID 83440

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

Allied Financial Services

P.O. Box 674

Rexburg, ID 83440

Secretary of State use only

Signature: Kristene Rose

Printed Name: KRISTENE ROSE

Capacity/Title: MEMBER

Signature: _____

Printed Name: _____

Capacity/Title: _____

12/30/2011 05:00
CX: 1568 CT: 67111 BH: 1303898
1 @ 25.00 = 25.00 ASSUM NAME # 2

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