



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.

2013 MAY 24 AM 9:05

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:

Your Vinyl Design

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

Name
Sara Steiner

Complete Address
1212 Stevens Dr
Idaho Falls, ID 83401
1212 Stevens Dr
Idaho Falls, ID 83401

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 | |

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

Sara Steiner
1212 Stevens Dr
Idaho Falls, ID 83401

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

Signature: Sara Steiner

Printed Name: Sara Steiner

Capacity/Title: owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

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

Secretary of State use only

IDAHO SECRETARY OF STATE
05/24/2013 05:00
CK: CASH CT: 158810 DH: 1375199
1 @ 25.00 = 25.00 ASSUM NAME # 2

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