

Printed Name: Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 20 $\,$ $\,$ $\,$ $\,$ $\,$ $\,$ $\,$ Si submits for filing a certificate of Assumed Business Name.

Please type or print legibly.
Instructions are included on back of application. SECHETATE OF TOATIO

	Photography By MJ
The true name(s) and <u>business</u> act business under the assumed business <u>Name</u> Monica Bell	iddress(es) of the entity or individual(s) doing siness name: Complete Address 2709 Stoll Ct Caldwell ID 83607
Retail Trade Trans Wholesale Trade Con	Assumed Business
4. The name and address to which f correspondence should be address Monica Bell 2709 Stoll Ct Caldwell ID, 83607	Secretary or State
5. Name and address for this acknown copy is (if other than # 4 above).	wledgment
ignature: Monica Jeself rinted Name: Monica J. Bell	Secretary of State use only
apacity/Title: Owner	IDAHO SECRETARY OF STATE
ignature:	03/20/2012 05:00

CK: 1243 CT: 158010 BH: 1315906 1 0 25.00 = 25.00 ASSUM NAME # 2