



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

55 JUL 12 PM 12:34

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Grand Illusions

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

Name

Complete Address

Jason Byers

11121 W. Hickory Dr. Boise, ID 83713

Doug /Julie Byers

11121 W. Hickory Dr. Boise, ID 83713

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

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Grand Illusions

11121 W. Hickory Dr.

Boise, ID 83713

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

Jason Byers

11121 W. Hickory Dr. Boise, ID 83713

Boise, ID 83713

Phone number (optional):

208-841-7157

Secretary of State use only

Signature: _____

(signature required)

Printed Name: _____

Jason Byers

Capacity/Title: _____

Owner

(see instruction # 8 on back of form)

g:\corpforms\labn forms\labn p65
Revised 04/2003

IDAHO SECRETARY OF STATE
07/12/2005 05:00
CK: CASH CT: 150010 BH: 820742
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 89632