



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2011 JUN 11 PM 12:51

SECRETARY OF STATE
SPECT ID#

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

Bee's Home Staging & Design

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
<u>Brigett A. Schrottenboer</u>	<u>13444 W. Hazelnut St.</u>
	<u>Boise, ID 83713</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 | |

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

Bee's Home Staging & Design
Brigett A. Schrottenboer
13444 W. Hazelnut St.
Boise, ID 83713

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

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

Phone number (optional):

(208) 866-5851

Signature: _____

Brigett A. Schrottenboer
(signature required)

Printed Name: _____

Brigett A. Schrottenboer

Capacity/Title: _____

owner

(see instruction # 8 on back of form)

Secretary of State use only

0112252

IDAH0 SECRETARY OF STATE
 06/11/2011 05:00
 CK: 2000 CT: 158010 BH: 1059301
 1 @ 25.00 = 25.00 ASSUM NAME # 2