

Capacity/Title:

Printed Name: ____

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

2013 APR 16 PM 4:31

SECRETARY OF STATE STATE OF IDAHO

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

The assumed business name which the undersign business is: POLKA DOT	ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name TERESA TO HNSON 5107	Complete Address
3. The general type of business transacted under the Retail Trade Transportation and Pour Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: TEKESA JOHNSON 5107 PEGST (BOISE ID 83705	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: 2ERam Jol	Secretary of State use only
Printed Name: TERESA, JOHNSON	
Capacity/Title: SOLE PROPRIETOR Signature:	IDAHO SECRETARY OF STATE 04/16/2013 05:00 CK: 3322 CT: 282823 BH: 1369784 1 0 25.00 = 25.00 ASSUM NAME # 2

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abn.pmd Rev. 07/2010