



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: \$25.00.

FILED EFFECTIVE

2015 SEP -4 AM 9:19

SECRETARY OF STATE
STATE OF IDAHO

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

Pages of Zen

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Amanda McDonald 5563 N. Beaham Ave., Meridian, ID 83646
(Name) (Address)

Christian Grice 5563 N. Beaham Ave., Meridian, ID 83646
(Name) (Address)

Scott McDonald 5563 N. Beaham Ave., Meridian, ID 83646
(Name) (Address)

Julie Grice 5563 N. Beaham Ave., Meridian, ID 83646
(Name) (Address)

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Amanda McDonald
(Name)
5563 N. Beaham Ave.
(Address)
Meridian, ID 83646
(City) (State) (Zipcode)

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

Amanda McDonald
(Name)
5563 N. Beaham Ave.
(Address)
Meridian, ID 83646
(City) (State) (Zipcode)

Printed Name: Amanda McDonald

Signature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/04/2015 05:00

CK:194 CT:314188 BH:1490964
1@ 25.00 = 25.00 ASSUM NAME #2

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