



**CERTIFICATE OF
ASSUMED BUSINESS NAME**

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.

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

THIRD DAY ARTS

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

Name _____

Stephanie Williams

Complete Address

PO Box 4894 760 Bonanza Lane
Hailey, ID. 83333-4894

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

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

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

Stephanie Williams

P.O. Box 4894

Hailey, ID 83333-4894

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

**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

Phone number (optional):

(208) 720-6734

Secretary of State use only

Signature:

e: Stephanie Williams
(signature required)

(signature required)

Printed Name:

Stephanie Williams

Capacity/Title:

Owner

(see instruction # 8 on back of form)

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Quintess 04/2003

IDAHO SECRETARY OF STATE
 12/11/2003 05:00
 CK: 1723 CT: 150010 BH: 716132
 1 @ 25.00 = 25.00 ASSUM NAME # 2

DM 134/5