



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
2014 FEB 11 AM 8:55

SECRETARY OF STATE
STATE OF IDAHO

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

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

COPY IT IDAHO

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

<u>Name</u>	<u>Complete Address</u>
<u>COPY-IT LLC</u>	<u>544 Blue Lakes Blvd N. Twin Falls, ID 83301</u>
<u>W68867</u>	

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

- | | |
|--|--|
| <input checked="" 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 | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Janice Elam -Copy-it LLC

544 Blue Lakes Blvd North

Twin Falls, ID 83301

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

Signature: *Janice Elam*

Printed Name: Janice Elam

Capacity/Title: Owner/Member

Signature: *Timothy Elam*

Printed Name: Timothy Elam

Capacity/Title: Owner/Member

Secretary of State use only

IDAHO SECRETARY OF STATE
02/11/2014 05:00
CK: 7665 CT: 292865 BH: 1418154
1 @ 25.00 = 25.00 ASSUM NAME # 2

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