

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2015 DEC 21 AM 10: 53

SECRETARY OF STATE

1.	The assumed business name which the undersigned use(s) in the transaction of business is: House of Clowns		
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):		
	Robert Hausser	7545 Bridgeport Dr Nampa, ID 83687	
	(Name)	(Address)	<u> </u>
	Amanda Hausser	7545 Bridgeport Dr	Nampa, ID 83687
	(Name)	(Address)	
	(Name)	(Address)	
	(Name)	(Address)	
3.	The general type of busin	ness transacted under the	e assumed business name is:
	Retail Trade	Construction	☐ Transportation and Public Utilities
	Wholesale Trade	Agriculture	Mining
	Services	Manufacturing	Finance, Insurance, and Real Estate
4.	Mailing address for future	e correspondence:	5. Name and address for this acknowledgment
			COPY is (if other than # 4).
	Robert Hausser		
	(Name)		(Name)
	7545 Bridgeport Dr		
	(Address)	ID 00007	(Address)
	Nampa (City)	ID 83687 (State) (Zipcode)	(S)
	(Oity)	(State) (Zipcode)	(City) (State) (Zipcode)
Pri	nted Name: Robert Haus	ser	Secretary of State use only
	121 1 1		
Sig	nature: <u>#Mbb </u>	Cer	IDAHO SECRETARY OF STATE
	inted Name: Amanda Hau	ısser	12/21/2015 05:00
FH	inteu Name.		CK: 427 CT: 318110 BH: 1505199
Sig	gnature: Omande -	Haussen	16 25.00 = 25.00 ASSUM NAME #2
Pri	nted Name:		N12323
Ω ! -			D183303

Rev. 08/2015