

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

07 OCT 16 AM 8:21 SECRETARY OF STATE STATE OF IDAHO

FILED EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

	Satin & Lace Linge	ie	
The true name(s) and business ad business under the assumed business.	ess name:		
Name AFM, LLC.	en og Sakeren av dette blever i skrive. Dette	Complete Address 1099 Pinewood Circle	i
W28000		Twin Falls, Id.83301	
WIDOIX	· · · · · · · · · · · · · · · · · · ·	144717 GHO, 10.0001	
	acted under the cortation and Putruction	•	
	ulture g	Submit Certificate of Assumed Business Name and \$25.00 fee to:	
The name and address to which fur correspondence should be address 1043 Blue Lakes Blvd. N.	· · · · · ·	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080	
Twin Falls, Id. 83301	***************************************	(208) 334-2301	
5. Name and address for this ackno copy is (if other than # 4 above):	vledgment		The management of the second o
		Secretary of State use only	
ignature: rinted Name: yip Tse apacity/Title: (see instruction # 8 on back of form)	gi cooptomstabn formstabn.p65		5 2 0 0 1088791