

## **CERTIFICATE OF** 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. Instructions are included on back of application.

## FILED EFFECTIVE

2014 DEC 16 PM 1: 14

SECRETARY OF STATE STATE OF IDAHO

Dream Design	<u>ns</u>
2. The true name(s) and <u>business</u> address business under the assumed business  Name  Stephanie Newman	
<u> </u>	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed Stephanie Newman 2800 E. Ragusa Lane Meridian, 10 83642	
5. Name and address for this acknowled copy is (if other than # 4 above):	igment
No the	Secretary of State use only
ignature: Alphanie Newman apacity/Title: Owner	IDAHO SECRETARY OF STATE  12/16/2014 05:00  CK:610 CT:304190 BH:1453

10 25.00 = 25.00 ASSUM NAME #2

1)115530

Capacity/Title:\_

Signature:

Printed Name: \_\_\_\_\_