

## CERTIFICATE OF ASSUMED BUSINESS NAME

2014 APR 14 AM 10: 03

FILED EFFECTIVE

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

SECRETATION DIATE STATE OF IDAGO

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

1.	<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is:</li> </ol>	
	Rosilicious Events	
2.	The true name(s) and <u>business</u> address(es) of business under the assumed business name  Name  Rosio Michaelis  8	· · · · · · · · · · · · · · · · · · ·
3.	The general type of business transacted und  Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is: and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4.	The name and address to which future correspondence should be addressed:  Rosie Michaelis  8353 N Village Dr #3  Hayden ID 83835	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	
	ture: Posto Michael 15	Secretary of State use only
	city/Title:Owner	
	ture:	
Printed Name:		IDAHO SECRETARY OF STATE  04/14/2014 05:00  04/14/2018 RH: 1426027
Capa	city/Title:	CK: 1120 CT: 295610 BH: 1420027 1 8 25.00 = 25.00 ASSUM NAME # 2

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