



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 JAN 21 AM 9:30

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

SWEEPING BEAUTY

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

Name

Complete Address

SHILOH SHARRARD

1999 WHITE AVE. #510 MOSCOW ID 83843

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

- | | |
|--|--|
| <input 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:

1999 WHITE AVE #510

MOSCOW

IDAHO 83843

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

SHILOH SHARRARD

1999 WHITE AVE #510

MOSCOW IDAHO

Signature: Shiloh Sharrard

Printed Name: SHILOH SHARRARD

Capacity/Title: OWNER

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

0168277

IDAHO SECRETARY OF STATE
01/21/2014 05:00
CK: 565497 CT: 291976 BH: 1406877
1 @ 25.00 = 25.00 ASSUM NAME # 2