



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2013 JUL 31 AM 8:44

SECRETARY OF STATE
STATE OF IDAHO

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

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

PAPA STYLES SNAKE TONGUE JEWELRY AND LEATHER

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

ROBERT J. WALSH JR. 206 N. 3RD ST. P.O. BOX 1907
MCALL, ID. 83638

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

- | | |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input 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:

ROBERT J. WALSH JR.
P.O. BOX 1907
MCALL, ID. 83638

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

Signature: [Signature]

Printed Name: ROBERT J. WALSH JR.

Capacity/Title: OWNER

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/31/2013 05:00
CK: 110 CT: 205806 DH: 1304205
1 @ 25.00 = 25.00 ASSUM NAME # 2

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