



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2015 AUG 17 AM 9:43

SECRETARY OF STATE
STATE OF IDAHO

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

Magnolia Road

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

<u>Emilee Phillips</u>	<u>1255 Double Eagle Cir.</u>	<u>Preston</u>	<u>ID</u>	<u>83263</u>
(Name)	(Address)	(City)	(State)	(Zipcode)

_____ (Name)	_____ (Address)	_____ (City)	_____ (State)	_____ (Zipcode)
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_____ (Name)	_____ (Address)	_____ (City)	_____ (State)	_____ (Zipcode)
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_____ (Name)	_____ (Address)	_____ (City)	_____ (State)	_____ (Zipcode)
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3. The general type of business transacted under the assumed business name is:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Emilee Phillips

(Name) _____

1255 Double Eagle Cir

(Address) _____

Preston ID 83263

(City) (State) (Zipcode)

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

(Name) _____

(Address) _____

(City) (State) (Zipcode)

Printed Name: Emilee Phillips

Signature: *Emilee Phillips*

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/18/2015 05:00

CK:174 CT:284419 BH:1488438

1@ 25.00 = 25.00 ASSUM NAME #2

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