



# CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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

2009 JAN 12 PM 12:40

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE  
STATE OF IDAHO

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

Shoebox Accounting

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

Name  
Christina Flores

Complete Address  
12336 W BRIDGER BAY DRIVE, STAR ID 83669

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

4. The name and address to which future correspondence should be addressed:

CHRISTINA FLORES  
12336 W BRIDGER BAY DRIVE  
STAR, ID 83669

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: *Christina Flores*  
(signature required)

Printed Name: CHRISTINA FLORES

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE  
01/13/2009 05:00  
CK: 1441 CT: 201111 BH: 1152050  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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