



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

2012 SEP 19 AM 9:07

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:

Crazy Heart Creations

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

<u>Name</u>	<u>Complete Address</u>
<u>Leisa Harmon</u>	<u>P.O. Box 610, Cd'A ID 83814</u>
<u>Caleb Harmon</u>	<u>P.O. Box 610, Cd'A ID 83814</u>
<u>Britta Harmon</u>	<u>P.O. Box 610, Cd'A ID 83814</u>

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 checked="" 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:

Caleb Harmon
P.O. Box 610
Coeur d'Alene, ID 83814

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

Signature

Caleb Harmon

Printed Name:

Caleb Harmon

Capacity/Title:

C.M.O., Partner

Signature:

Leisa Harmon

Printed Name:

Leisa Harmon

Capacity/Title:

C.E.O., Partner

Secretary of State use only

IDAHO SECRETARY OF STATE
09/19/2012 05:00
CK: 6023 CT: 274422 DH: 1340415
1 @ 25.00 = 25.00 ASSUM NAME # 2

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