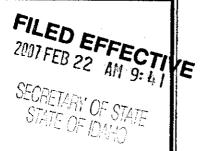
CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing.



1. The accumed business name which the		
 The assumed business name which the ubusiness is: 	undersigne	ed use(s) in the transaction of
MOON OVER THE MOUNTA	AN COS	TOW MACHINE QUILTING
		HOME MINE WILLIAM
2. The true name(s) and business address(es) of the	entity or individual(s) doing
business under the assumed business na	ame:	
Name		Complete Address
AMELIA (MIMI) WELLINGTON	1197	S. RIVER FLOW WAY EAGLE IT
		83616
3. The general type of business transacted	under the	assumed business name is:
Retail Trade Transportati	on and Du	blic I Hilitias
		bhe duities
☐ Wholesale Trade ☐ Constructio	n	
Services Agriculture		Submit Certificate of
Manufacturing Mining		Assumed Business
Finance, Insurance, and Real Estat	te	Name and \$25.00 fee to:
4. The name and address to which future		Secretary of State
correspondence should be addressed:		700 West Jefferson
or respondence of load bo addicable.		Basement West
AMELIA WELLINGTON		PO Box 83720
11975. RWER FLOW WAY	-	Boise ID 83720-0080
<u></u>	.	208 334-2301
EAGLE, ID 83616	-	
5. Name and address for this acknowledge	nent	Phone number (optional):
COPY IS (if other than #4 above):		208-938-9034
		Secretary of State use only
0.00.4	formalaba.p63 2003	
nature: With a	. 8	
(fighture refured)	F 3	A Company of the Comp
nted Name: AMELIA W. WELLINGT	ONI	IDAHO SECRETARY OF STATE
pacity/Title: OWNER	ndron:	IDAHU SECRETARY OF STATE 62/22/2007 65:0
(see instruction # 8 on back of form)	5	CK: 4297 CT: 158010 BH: 1034

D108505