CERTIFICATE OF FILED EFFECTIVE 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.

RETARY OF STATE

D 119880

Tree Line Scrapbook, Craft & Hobbies	
The true name(s) and business address(est business under the assumed business name Name	
3. The general type of business transacted up Retail Trade	Submit Certificate of Assumed Business
P.O. Box 425 McCall,Idaho 83638 5. Name and address for this acknowledgme copy is (if other than #4 above):	
Signature: Kelly J. Auron-Shields Printed Name: Kelly J. Aaron-Shields Capacity/Title: Owner (see instruction # 8 on back of form)	Secretary of State use only Secretary of State use only