

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.



SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the ur business is: Sur	nkissed
2. The true name(s) and business address(es business under the assumed business name Name Suzanne Shields Amber Davis 3. The general type of business transacted under the work of the properties of the propert	Complete Address 3835 Sea Island Ct. Meridian 83642 5728 S. Flax Pl. Boise 83716 Inder the assumed business name is: In and Public Utilities Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: <u>Amger Davis Surpine Shield</u> s	Secretary of State use only 59d uqeismoi
rinted Name: Amber Davis Suzanne Shields apacity/Title: Owners (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE O3/01/2002 05:00 CK: 2832 CT: 158010 BH: 44936 1 8 28.88 = 28.88 ASSUM NAME I

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