



# 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**

04 MAY -3 PM 1:32

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

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

Artful Living

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>Social Emissions Company Inc</u>	<u>3335 N. Five Mile Road</u>
<u>ROXANNE GAIL BEATT, Principal</u>	<u>BOISE ID 83713</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 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  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Social Emissions Company Inc  
3335 N. Five Mile Road  
BOISE ID 83713

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

Social Emissions Company Inc  
3335 N. Five Mile Road  
BOISE ID 83713

Phone number (optional):

326-1492

Secretary of State use only

Signature: Roxanne Gail Beatt

(signature required)

Printed Name: ROXANNE GAIL BEATT

Capacity/Title: Principal

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
05/03/2004 05:00  
CK: CASH CT: 150010 BH: 742962  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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