



CERTIFICATE OF ASSUMED BUSINESS NAME 09

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.

FILED EFFECTIVE

09 FEB 10 AM 8:11

SECRETARY OF STATE
STATE OF IDAHO

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

Snippets

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

Name

Complete Address

KRISTIE CUCCHIARI

2967 NW 3rd Street

MERIDIAN ID 83646

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Snippets

2967 NW 3rd Street

MERIDIAN, ID 83646

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

Phone number (optional):

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

Secretary of State use only

Signature: Kristie Cucchiari
(signature required)

Printed Name: KRISTIE CUCCHIARI

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
02/10/2009 05:00
CK: 1518 CT: 233975 BH: 1156387
1 @ 25.00 = 25.00 ASSUM NAME N 3

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