

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

Please type or print legibly.

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Instructions are included on back of application.

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 The assumed business name which the business is: 	OIA!= (V* in-
Cit	ty Boutique
2. The true name(s) and <u>business</u> address(business under the assumed business name Name City Life, Inc	
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	sion and Public Utilities on Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Gem Family Resource Center 119 W Main Emmett ID 83617	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	nent
Signature: Fleda Wright	Secretary of State use only
Capacity/Title: Executive Director	_
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	12/16/2011 05:00 CK: 1825 CT: 265837 BH: 1392811
Capacity/Title:	1 9 25.00 = 25.00 ASSUM MANE # 2

abn.pmd Rev. 07/2010

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