FILED EFFECTIVE



Capacity/Title: _Owner_

(see instruction # 8 on back of form)

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.

1. The assumed business name which the undersigned use(s) in the transaction of	
business is: STAR BASKETS	
2. The true name(s) and business address(es) of the elbusiness under the assumed business name: Name Jeannie Marchbants 26 Me	Complete Address
3. The general type of business transacted under the assumed business name is:	
Retail Trade	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
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional): <u> 208 - 845 - 48</u> 9 나
SAME AS ABOVE	Secretary of State use only
Signature: Slaw & Marchands (signature required) Printed Name: TEAN H MARCHBANKS	IDAHO SECRETORY OF STATE

IDAHO SECRETARY OF STATE 07/20/2005 05:00 CK: 191 CT: 158010 BH: 822183 1 8 25.88 = 25.88 ASSUM NAME # 2

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