Signature: <

Capacity:

Printed Name:

(see instruction # 8 on back of form)

27		
	CERTIFICATE OF ASSUM (Please type or print legibly. Se	ED BUSINESS NAME e instructions on reverse.)
	To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idaho gives notice of adoption of an Ass	Code, the undersigned An 8: 33 umed Business Name.
1	. The assumed business name which the und business is:  Tracey'S Treasure.	ersigned use(s) in the transaction of
<ol><li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:</li></ol>		
	Tracey Holloway L	Complete Address 753 Wisteria PL Boise ID 83713
3.	The general type of business transacted und	er the assumed business name is:
	Retail Trade	<ul><li>Transportation and Public Utilities</li><li>Finance, Insurance, and Real Estate</li><li>Mining</li></ul>
4.	The name and address to which future Photocorrespondence should be addressed:	one number (optional): <u>208-323-757</u>
	Boise ID 837/3	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgment copy is (if other than #4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

10/26/2000 09:00 CK: 774 CT: 137751 BH: 357830

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