

Signature;

Printed Name:

Capacity/Title:

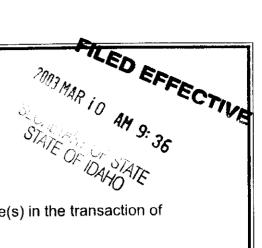
(see instruction # 8 on back of form)

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.



The assumed business name which the undersign business is: Sem Sensations	
	e entity or individual(s) doing Complete Address O Meadowlay, Hayden Id 83835 H. Finucane Dr. Hayden, Id 83835
3. The general type of business transacted under the Retail Trade Transportation and I Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: 9214 N. Finucano Dr. Hayden, Id 83835 LIVOA Wei & 13 200 M	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): Secretary of State use only

g:vcorotoms/abn forms/ak Revised 09/2002

IDAHO SECRETARY OF STATE
93/10/2003 95:00
CK: 1002 CT: 150010 BH: 667472
1 0 20.00 = 20.00 ASSUM NAME # 2

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