



# CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.

2003 JUN 27 AM 8:56

SECRETARY OF STATE  
STATE OF IDAHO

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

SMALL TOWN CREATIONS

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

MICHELE R. ENGELBRECHT

4502 RAMSEY RD #170

ROBERT L. ENGELBRECHT

COEUR D'ALENE, IDAHO

83815

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

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input checked="" type="checkbox"/> Manufacturing            | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

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

ROBERT &  
MICHELE R. ENGELBRECHT  
4502 RAMSEY RD #170  
COEUR D'ALENE, ID 83815

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:  
25.00

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

-pd 6-21-03  
Ch # 6888  
\$20.00

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

Phone number (optional):

(208) 661-2566

Secretary of State use only

D66840

Signature: M. Engelbrecht

(signature required)

Printed Name: M. R. ENGELBRECHT

Capacity/Title: OWNER/PRESIDENT

(see instruction # 8 on back of form)

g:\corpforms\abn forms\abn.p65  
Revised 09/2002

IDAHO SECRETARY OF STATE  
07/03/2003 05:00  
CK: 6888 CT: 158810 BH: 689359  
1 @ 25.00 = 25.00 ASSUM NAME # 3