	CERTIFICATE OF ASSU (Please type or print legibly.	MED BU See instruction	ons on reverse.)
	To the SECRETARY OF STATE, STA	aho Code, the	undersigned
1.	The assumed business name which the ubusiness is:	.9	se(s) in the transaction
	Little Stitches	<u>)</u>	
2.	The true name(s) and business address(e business under the assumed business na		or individual(s) doing
	<u>Name</u>	<u>Co</u>	mplete Address
	Leslie Nichols	4321 /	deriwether Dr
		Boise	ID 83705
3.	The general type of business transacted under those that apply)	under the assu	imed business name is
	Retail Trade	☐ Fir	ansportation and Public Utilities nance, Insurance, and Real Estate ning
4.	The name and address to which future correspondence should be addressed:	Phone numbe	r (optional): 208)343-4146
	Little Stitches Leslie Nichols	·	Submit Gertificate of - Assumed Business Name and \$20.00 fee to:
5.	<u>4321 Meriwether Dr</u> Boise 1D 83705 Name and address for this acknowledgme	ent	Secretary of State 700 West Jefferson Basement West
	CODY IS (If other than # 4 above):	Aug.	PO Box 83720 Boise ID 83720-0080 208 334-2301
	· · · · · · · · · · · · · · · · · · ·	88	Secretary of State use only IDAHO SECRETARY OF STATE
Signatu	ire: Listis Michaels	Revision 1/98	11/25/1998 09:00 CK: 1568 CT: 197285 BH: 164885
	Name: Laction Nichola	19	1 8 28.80 = 28.88 ASSUM MANE # 2

n avails