

Capacity/Title: \_\_\_\_

## 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. Instructions are included on back of application.

## FILED EFFECTIVE

D140883

10 JUL 22 AM 8: 23

SECRE MAY OF STATE STATE OF IDAHO

Bohe	mian Beads and Button
business under the assumed busine <u>Name</u> Lisa Stephens	ress(es) of the entity or individual(s) doing ess name:  Complete Address  2729 Desert Dr, Idaho Falls, ID 83404  2729 Desert Dr, Idaho Falls, ID 83404
John Stephens	2729 Desert DI, Idano Fans, 10 00707
Retail Trade Transp Wholesale Trade Constr	
Services Agricu Manufacturing Mining Finance, Insurance, and Real	Submit Certificate of Assumed Business
The name and address to which fut correspondence should be address.  Lies Stephens	
Ideho Falls, ID 83404	208 334-2301
5. Name and address for this acknowl copy is (if other than # 4 above):	edgment
ignature: Susa M. Stuple	Secretary of State use only
rinted Name: Lisa M. Stephens	
apacity/Title: Owner	
Signature:	IDANO SECRETARY OF STATE  97/22/2010 05:( CK: 11944 CT: 158810 BH: 12: 1 9 25.00 = 25.00 ASSUM NAM