

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 07 FEB 21 PM I2: 52 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

RL Illusions	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Luana Jo Kom	e entity or individual(s) doing  Complete Address  1230 Cabrillo Way  Kuna ID 83634
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction  Wholesale Trade Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  RL Illusions  1230 Cabrillo Way  Kuna ID 83634	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):  208-407-7074  Secretary of State use only
ignature:	IDAHO SECRETARY OF STATE  2/21/2007 05=01  CK: 4979 CT: 269945 BH: 16346:  1 8 25.00 = 25.00 ASSUM NAME