

Printed Name:

Capacity/Title:

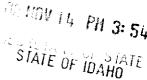
(see instruction #8 on back of form)

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.



FILED/EFFE

	- OF IDAHO
 The assumed business name which the undersign business is: A WIRE Rums Through The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Frances M. Loyed Through 	it-Loveall Beads
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Frances M. Loveal Tiol W. Saxton Dr. Boise To 83714	Name and \$20.00 fee to: 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):
ignature: Signature required)	Secretary of State use only

g 'corp'forms\abn forms\a Revised 07/2002

IDAHO SECRETARY OF STATE
11/15/2002 05=00
CK: 1915 CT: 158010 BH: 646313
1 @ 20.00 = 20.00 ASSUM NAME # 2

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