

CERTIFICATE OF ASSUMED BUSINESS NAME

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CERTIFICATE (ASSUMED BUSINE Pursuant to Section 53-504, Idaho Coo submits for filing a certificate of Assum	SS NAME
<u>Please type or print legible</u> NOTE: See instructions on reverse b	Y. STATE CONSTITUTE
	Eurostine Antiques Decor
2. The true name(s) and <u>business</u> address business under the assumed business representations of the second secon	name:
3. The general type of business transacted	
Retail Trade	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: 901 4th St Cocur d Mene Td 838	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgr copy is (if other than # 4 above):	ment Phone number (optional): 208 (e/s) 8995
Rost Folls td 838	Secretary of State use only
Signature: Susie Mart E Printed Name: Susie Mart E	IDAHO SECRETARY OF STATE OB/16/2006 05:00 TV: 2194 CT: 202475 PH: 970255

Capacity/Title:___ (see instruction # 8 on back of form)

1 @ 25.00 = 25.00 ASSUM NAME # 2

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