

Capacity/Title: OWNER

(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. 2005 JAN 28 AM 9: 12 STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

business is: BLUE FLOWE	FR YOGA
2. The true name(s) and business address business under the assumed business Name  Nikki Weihe	
-	ed under the assumed business name is: tation and Public Utilities
Wholesale Trade Construct Services Agricultu Manufacturing Mining Finance, Insurance, and Real Es	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed  Nikki Weihe  209 hangn drive  boise, id 83705, 1659	
5. Name and address for this acknowled copy is (if other than # 4 above):	dgment Phone number (optional):  208.383,0187
	Secretary of State use only
nted Name: NIKK Weile	1DANO SECRETARY OF STAT

01/28/2005 05:00 CX: 2125 CT: 158818 BH: 789919 6 25.08 = 25.08 ASSUM MANE # 2

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