



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

FILED/EFFECTIVE
JAN 2 14

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Apple Blossom Boutique

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>Deon Thomas</u>	<u>850 Washington St.</u>
<u>Don Thomas</u>	<u>Montpelier, Id 83534</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed:

Phone number (optional): 208-847-1377
847-1387

Don or Deon Thomas
P.O. Box 248
George Town, Id 83239

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

03/16/2000 09:00
CK: 4 CT: 120316 BH: 299702

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 34074

Signature: Deon Thomas

Printed Name: DEON THOMAS

Capacity: owner

(see instruction # 8 on back of form)

Revision 12/99

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