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. 09 JUL -7 AM 8: 16

SECRETARY OF STATE STATE OF IDAHO

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

The true name(s) and business address(s) business under the assumed business name	•
DeAnn Foukal	3/259 N. 2600 E Twin Falls, Id 83
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Anns Decor Sal Ugshington St. U. Twin falls Td 23301	on and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment
	Secretary of State use only

07/07/2009 05:00 CK: 141257 CT: 238592 BH: 1177736 1 0 25.00 = 25.00 ASSUM NAME 2

