



# 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 EFFECTIVE**

2003 OCT 15 AM 8:44

SECRETARY OF STATE  
STATE OF IDAHO

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

Re-Jeweled

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

Name	Complete Address
<u>Amber Sorenson</u>	<u>9322 W. Sloan Boise, ID 83714</u>
<u>Lana Sorenson</u>	<u>2487 E Bridgecrest Dr.</u>
	<u>Eagle, ID 83606</u>

3. The general type of business transacted under the assumed business name is:

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

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

Amber Sorenson  
9322 W. Sloan St  
Boise, ID 83714

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Amber Sorenson + Lana Sorenson  
(signature required)

Printed Name: Amber Sorenson + Lana Sorenson

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

Submit Certificate of Assumed Business Name and \$25.00 fee to:

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

Phone number (optional):

(208) 939-9656

Secretary of State use only

g:\vop\forms\labn\_forms\labn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
10/15/2003 05:00  
CK: 50 CT: 150010 BH: 706589  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D69697