

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

11 SEP 21 AM 8: 42

SECRETARY OF STATE STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

Cabin	Fever Crafts
P. The true name(s) and <u>business</u> address(e business under the assumed business name  Name  Carol Jenks	
The general type of business transacted of Retail Trade Transportation Wholesale Trade Construction	on and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  Carol Jenks	Secretary of State 450 North 4th Street PO Box 83720
268 Jenks Road Spirit Lake, ID 83869	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than #4 above):	ent
(land de la )	Secretary of State use only
nature: (Ark) (Aks)	
ited Name: Carol Jenkś pacity/Title: Owner	
nature:	-
naturented Name:pacity/Title:	IDAHO SECRETARY OF STATE  ### 126 CT: 158810 BH: 125  1 8 25.88 = 25.88 ASSUM ME

abn.pmd Rev. 07/2010

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