

## **CERTIFICATE OF**

FILED EFFECTIVE

ASSUMED BUSINESS NAME 2005 11/AR 21 All 8: 31, Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

SECRETARY OF STATE

NOTE: See instructions on reverse before f	iling. STATE OF IDAHO
The assumed business name which the under business is:  ROCK- IT CIZEATIONS	signed use(s) in the transaction of
ROCK IT CICEATIONS	
2. The true name(s) and business address(es) of business under the assumed business name:  Name  JEFF TSENSON  ——————————————————————————————————	the entity or individual(s) doing  Complete Address  P.O. Box T, Councily 15 83612
3. The general type of business transacted under  Retail Trade  Transportation an	
Wholesale Trade Construction	a rabile offittes
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
ROCK-IT CREATIONS POBOX T COUNCIL, ID 83612	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-253-4557
	Secretary of State use only
Signature: Se us (signature required)  Printed Name: TEFF BENSON  Capacity/Title: OWNER	M97809
Printed Name: TEFF BENSON	IDAHO SECRETARY OF STATE  93/21/2006 05:00
Capacity/Title: OUNER (see instruction # 8 on back of form)	03/21/2006 05:00 CK: 9750 CT: 158010 BH: 944535 1 8 25.00 = 25.00 ASSUM NAME # 2