

Signature: 12/2012

Capacity/Title: Owner

Printed Name: Kirsti Stephenso

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILLD EFFECTIVE

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

2004 JUN 30 A 11: 42

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of	
business is: Outhouse Beads	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name KIBH Stephenson Cary Stephenson No	entity or individual(s) doing Complete Address 161 Sunvix Ave 2mpa 10 83686
3. The general type of business transacted under the assumed business name is:	
Retail Trade	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
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 463-8888
98 Ve	Secretary of State use only

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IBAHO SECRETARY OF STATE

06/30/2004 05:00

CK: 3883 CT: 158818 BH: 753238

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