

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

SECRETARY OF STATE
SEP 10 10 52 AM '99
FILED

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

A BIT OF AntIQUE and Collectibles

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

Name

Complete Address

Michelle Jill Rebillard 6384 W. Gowen Rd
Boise, Idaho 83709

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208 440-2116

A BIT OF AntIQUE
6384 W. Gowen Rd
Boise, Idaho, 83709

Submit Certificate of Assumed Business Name and \$20.00 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):

Signature: Michelle Rebillard
Printed Name: Michelle Rebillard
Capacity: _____

(see instruction # 8 on back of form)

Revision 2/97
D:\corp\forms\abn.p65

Secretary of State use only
IDAHO SECRETARY OF STATE

09/03/1999 09:00
CR: 4226 CT: 120100 BH: 247401

1 @ 20.00 = 20.00 ASSUM NAME # 2

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