



**CERTIFICATE OF
ASSUMED BUSINESS NAME** **FILED EFFECTIVE**

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 filing. **STATE OF IDAHO**

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

Thomason Art Studios

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**
Christy Thomason 1502 Flat Creek Road
ST. MARIES, ID 83861

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 checked="" 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 | |

Submit
Assume
Name a

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

1502 Flat Creek Road
St. Maries, I.D.
83861

**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):

Signature: Christie Thompson

Printed Name: Christy Thompson

Capacity/Title: *Pioneer*

(see Instruction #8 on back of form)

Secretary of State was only

IDAHO SECRETARY OF STATE
09/04/2007 05:00
CK: 7578 CT: 158818 BH: 1873961
1 6 25.00 = 25.00 ASSUM NAME # 2

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