

Capacity/Title:_

(see instruction %6 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersign submits for filing a certificate of Assumed Business Name of Please type or print legibly. NOTE: See instructions on reverse before filing.	ned 2
The assumed business name which the undersigned business is: Brigitte Bijoux	use(s) in the transaction of
	Complete Address Sherman Ave. CDA 13814 Lauge of mantal status
3. The general type of business transacted under the ass Retail Trade	
5. Name and address for this acknowledgment copy is (if other than # 4 above): Bygithe DeMony Hoffer P.O. Box 1733 C.DA ID 83816 Signature: Rolling Signature: Ro	Secretary of State use only
Printed Name: Brigithe D. Tratter Canacity/Title: 44.4	IDAHO SECRETARY OF STATE 97/25/2003 05:00 CK: 1549 CT: 158618 BH: 693111 1 0 25.00 = 25.00 ASSUM NAME 1 2