



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

2007 MAR 12 AM 8:51

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

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

Appleberry Gifts & Boutique

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                  |
|----------------------|-----------------------------------|
| <u>Eileen Harker</u> | <u>9898 N. 35<sup>th</sup> W.</u> |
| <u>Paul Harker</u>   | <u>Idaho Falls, ID 83402</u>      |

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 |  |

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

Eileen Harker  
9898 N. 35<sup>th</sup> W  
Idaho Falls ID 83402

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):

Signature: Eileen Harker

(signature required)

Printed Name: Eileen Harker

Capacity/Title: owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\comp\form\form\assum.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
03/12/2007 05:00  
CK: 5888 CT: 158818 BH: 1039827  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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