

Capacity/Title:\_\_

Owner

(see instruction # 8 on back of form)

## CERTIFICATE OF

FILED EFFECTIVE

ASSUMED BUSINESS NAME
Pursuant to Section 53-504, Idaho Code, the undersigned AN 14 AN 8: 57 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

SEUNE JARY STATE OF IDAHO

L(	otts of Beads
The true name(s) and business address business under the assumed business r  Name  Stacy Lott	e(es) of the entity or individual(s) doing name:  Complete Address  2223 Frederic St, Boise ID 83705
The general type of business transacted  Retail Trade Transportat Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat The name and address to which future correspondence should be addressed:  Lotts of Beads c/o Stacy Lott  2223 Frederic St, Boise ID 83705	ion and Public Utilities on Submit Certificate of Assumed Business
Name and address for this acknowledgm copy is (if other than # 4 above):	nent Phone number (optional):
	Secretary of State use only

IDAHO SECRETARY OF STATE

01/14/2005 05:00

CK: 18647 CT: 158818 BH: 787398
1 8 25.88 = 25.88 ASSUM MANE # 2

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