227	
CERTIFICATE OF	FILED EFFECTIVE
ASSUMED BUSINESS	S NAME
Pursuant to Section 53-504, Idaho Code, the undersigned CT - 6 All 8: 56 submits for filing a certificate of Assumed Business Name.	
Please type or print legibly. SECRETARY OF STATE Instructions are included on back of application. STATE OF IDAHO	
 The assumed business name which the undersigned use(s) in the transaction of business is: 	
Fox's Fun Fac	tory Crafters Mall
The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:	
Name	Complete Address
Pamela Fox	444 4th Ponderay ID 83852
Stephen Fox	444 4th Ponderay ID 83852
 Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future 	n and Public Utilities Submit Certificate of Assumed Business
correspondence should be addressed: Pamela Fox	450 North 4th Street PO Box 83720
PO Box 352	Boise ID 83720-0080
Ponderay ID 83852	208 334-2301
5. Name and address for this acknowledgmen copy is (if other than #4 above):	nt
Signature: Camel, R. Ju	Secretary of State use only
Printed Name: Pamela Fox	
Capacity/Title: Owner	·
Signature: Stephen M. For	IDAHO SECRETARY OF STATE
Printed Name: Stephne Fox	10/06/2011 05:00 CK: 2976 CT: 263083 BH: 1293308
Capacity/Title: Owner	1 8 25.00 = 25.00 ASSUM NAME # 2
abn.pmd Rev. 07/	D150618