

Capacity/Title: Owner

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

D90054

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

business is:  TeddyBear Ink	
2. The true name(s) and <u>business</u> address(business under the assumed business name  Name  Lloyd E. Wilson	es) of the entity or individual(s) doing ame: <u>Complete Address</u> <u>306                                    </u>
3. The general type of business transacted  Retail Trade Transportation Wholesale Trade Construction	on and Public Utilities
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estat	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Lloyd E. wilson  602 SO. Linden ST.  Rupert, ID. 83350	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol><li>Name and address for this acknowledge copy is (if other than # 4 above):</li></ol>	nent Phone number (optional):
gnature: Low E. Wilson	Secretary of State use only  IDAHO SECRETARY OF STATE  97/27/2005 05:00  CK: 7820 CT: 158810 HH: 823443  1 0 25.00 = 25.00 ASSUM NAME #