

## CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name 17 AM 9: 17

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

SECRETARY OF STATE STATE OF IDAHO

	STATE OF IDAHO
1. The assumed business name which the under	ersigned use(s) in the transaction of
business is:  The Black She	oon Gallery
THE BLACK SHE	eep Ganery
The true name(s) and business address(es) of business under the assumed business name:	of the entity or individual(s) doing :
Name	Complete Address
Jamie McDowell	PO Box 320
	797 State Highway 25
	Jerome, ID 83338
3. The general type of business transacted under   Retail Trade Transportation a  Wholesale Trade Construction	er the assumed business name is:
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:  Jamie McDowell	Secretary of State 700 West Jefferson Basement West PO Box 83720
PO Box 320	Boise ID 83720-0080
Jerome, ID 83338	208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above).</li> </ol>	nt Phone number (optional): 208-324-4124
COPY IS (If other than # 4 above).	200-324-4124
	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE  94/27/2006 05:00  CK: 5809 CT: 96958 BH: 951761  1 0 25.00 = 25.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	J J J J J J J J J J J J J J J J J J J