

## **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

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

CREATIVELY YOURS CE	signed use(s) in the transaction of RAMICS & CRAFTS
2. The true name(s) and business address(es) of business under the assumed business name:  Name  LISA MEDFORD	the entity or individual(s) doing  Complete Address  1817 N KLEMMER AVE  KUNA IDAHO 83634
3. The general type of business transacted under	r the assumed business name is:
Retail Trade Transportation ar Wholesale Trade Construction	nd Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
<ol> <li>The name and address to which future correspondence should be addressed:</li> </ol>	Secretary of State 700 West Jefferson Basement West
LISA MEDFORD  1817 N KLEMMER AVE  KUNA IDAHO 83634	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):
	Secretary of State use only
rinted Name: LISA MEDFORD  sapacity/Title: OWNER	Social Secretary of St.
(see instruction # 8 on back of form)	T1/24/2004 0= CK: 183986972 CT: 158818 B 1 8 25.88 = 25.88 ASSIM