



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

05 JUL 13 PM 12:32

SECRET STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is: John Doe

Kritter's Designs

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Kristie Moe Name
FRANK Moe

Complete Address
P.O. Box 1224 Idaho City, Id 83631
P.O. Box 1224 Idaho City, Id 83631

3. The general type of business transacted under the assumed business name is:

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

Submit
Assume
Name a

4. The name and address to which future correspondence should be addressed:

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
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):

Signature: *Ruthie Mae*

(signature required)

Printed Name: Kristie Moe

Capacity/Title: Owner

(see instruction # 8 on back of form)

Dr. J. H. D. M. B. 1999

IDaho SECRETARY OF STATE
07/13/2005 05:00
CK: 571005 CT: 172099 BH: 620960
1 E 25.00 = 25.00 ASSUM NAME # 2

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