

## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name.JUN 4 1 43 PM '97  
SECRETARY OF STATE  
STATE OF IDAHO

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

STACEY'S Heart + Home

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

Name	Complete Address
<u>STACEY HALEY</u>	<u>5326 Overland</u> <u>Hillcrest Mall</u> <u>Shopping Ctr</u> <u>Boise, ID 83705</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

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

5518 Randolph Dr  
Boise, ID 83705

Phone number (optional): 208-388-4247

5. Name and address for this acknowledgment copy is (if other than # 4 above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Secretary of State use only

Signature: Stacey Haley

Printed Name: STACEY HALEY

Capacity: owner

(see instruction # 8 on back of form)

Revision 2/97

9/20/97 Form 100-1000

IDaho SECRETARY OF STATE  
DATE 06/04/1997  
0900 98852 2  
OK #: CASH DIST#: 82424  
ASSUM NAME 10 20.00= 20.00

#: D 5165