

Printed Name: Constance

(see instruction # 8 on back of form)

Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE
05 NOV -4 PM 12: 41

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

SECTOR STATE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing
business under the assumed business name	ie:
Name	Complete Address
Constance M. DeBarea	1535 N. Meridian Rd.
	Meridian JD
	83642
. The general type of business transacted un	der the assumed business name is:
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
correspondence should be addressed: Dazzling Decor 1535 N. Meridian Rd Meridian ID 83642	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme	nt Phone number (optional):
copy is (if other than # 4 above):	E 56-898-806
	Secretary of State use only

orplformstabn formstabn Revised 04/2003

IDAHO SECRETARY OF STATE

11/04/2005 05:00

CK: 651841 CT: 172099 BH: 920667
1 0 25.00 = 25.00 ASSUM NAME # 2

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