

FILED/EFFECTIVE

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.

01 MAR 26 AM 11:27

STATE OF IDAHO

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

Beaded Wings

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 Cheryl Caffee Complete Address 5308 Country Club Dr.
Pocatello, ID 83204

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 checked="" 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:

Phone number (optional): 208-234-9095

Beaded Wings
5308 Country Club Dr
Pocatello ID 83204

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

same

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

IDAHO SECRETARY OF STATE

03/28/2001 09:00
CK: 5200 CT: 138800 BH: 387600

1 @ 20.00 = 20.00 ASSUM NAME # 2

D43913

Signature: Cheryl Caffee

Printed Name: Cheryl Caffee

Capacity: Owner/President

(see instruction # 8 on back of form)