Printed Name:

Capacity: 6EVELA

(see instruction # 8 on back of form)

## 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 of Indian 1. The assumed business name which the undersigned use(s) in the transaction of business is: ERB- N-SCENTS 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name HCOI BUX 303, KELOGG 10 83837 GILSETH E 31240 LATOUR CRYCOTALDO ID 83810 5 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing Retail Trade Finance, Insurance, and Real Estate Wholesale Trade Agriculture Mining Construction Services Phone number (optional):(<u>208) 556 - 286</u>6 4. The name and address to which future correspondence should be addressed: HERB-N-SCENTS Submit Certificate of Assumed Business BOX 1130 Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** PO Box 83720 CODY IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301 Secretary of State use only IDANO SECRETARY OF STATE 04/28/1998 09:00 CK: 101 CT: 97874 BH: 185286 1 @ 20.00 = 20.00 ASSUM MAME Signature: //

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