



**CERTIFICATE OF
ASSUMED BUSINESS NAME**

FILED EFFECTIVE

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

07 MAR -6 PM 3:20

SECRETARY OF STATE
STATE OF IDAHO

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

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

Name _____

Complete Address

Sharon A. Taylor

2107 E. Parkside, Dr.

Boise, ID 83712

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

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

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

Sharon A. Taylor
2107 E. Parkside Dr.
Boise, ID 83712

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**

Phone number (optional):

(208) 371-9213

Signature:

(signature required)

Printed Name: SHARON A. FRANCORE

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

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IDaho SECRETARY OF STATE
03/06/2007 05:00
CK: 1073584 CT: 172099 BH: 1038133
1 0 25.00 = 25.00 ASSUM NAME # 2

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