

CERTIFICATE OF ASSUMED BUSINESS NAME

Printed Name: OLOF T. ANDERSON

(see instruction # 8 on back of form)

Capacity/Title: OWNER

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned -3 AN 10: 03 submits for filing a certificate of Assumed Business Name. Please type or print legibly. NOTE: See instructions on reverse before filing. STATE OF 19440	
1. The assumed business name which the undersign business is: THE FAMILY JEWELS	
	Complete Address D. W. LAKE ST. D. POINT ID. 83864
3. The general type of business transacted under the Retail Trade ☐ Transportation and P☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: OLOF T. ANDERSON ☐ \$20 W. LAKE ST. SANDPOWT ID. \$3864	
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): 208-163-2284 Secretary of State use only

IDAHO SECRETARY OF STATE

10/03/2005 05:00

CK: 2802 CT: 158010 BH: 914684

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