

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

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

PATRICIA ANN'S Studio

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

PATRICIA ANN ZAD 1800 N. Government Way, Suite B
COEUR D'ALENE, ID 83814

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

Services

See categories on the reverse

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

PATRICIA ANN ZAD 808 Kidd Island
COEUR D'ALENE, ID 83814

Signed

PATRICIA ANN ZAD

By

PATRICIA ANN ZAD

Capacity

Owner

Submit Certificate of Assumed
Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

SECRETARY OF STATE

08/12/1997 09:00
CX: 3750131890 CT: 83645 IN: 28901

1 @ 20.00 = 20.00 ASSUM NAME

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