## FILED EFFECTIVE

A state of the sta

27	
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, th submits for filing a certificate of Assumed B Please type or print legibly.	NAME08 OCT 31AM 8: 48ne undersigned Business Name.SECRETARY OF STATE STATE OF IDAHO
NOTE: See instructions on reverse before 1. The assumed business name which the under business is: STITCHES F	
2. The true name(s) and business address(es business under the assumed business nam Name DeAnn Hahn	s) of the entity or individual(s) doing ne: Complete Address 3798 Heartland Circle Idaho Falls, Idaho 83406
<ul> <li>Wholesale Trade</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> <li>The name and address to which future correspondence should be addressed:</li> <li>DeAnn Hahn</li> <li>3798 Heartland Circle</li> <li>Idaho Falls, ID 83406</li> </ul>	n and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgm COpy is (if other than #4 above):	Secretary of State use only
Signature: <u>Autom Hahn</u> (algoriture required) Printed Name: <u>DeAnn Hahn</u> Capacity/Title: (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 10/31/2008 05:00 CK: 2827 CT: 158010 BH: 1142478 1 8 25.08 = 25.00 ASSUM NAME # D125936

a a a se a se