



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

**FILED/EFFECTIVE**

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.

00 FEB 11 AM 10:46

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

PRACTICAL MAGIC 1412 E 1ST MERIDIAN, ID  
83642

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

|                          |             |                                       |
|--------------------------|-------------|---------------------------------------|
| <u>YAJENNE TAVERNICK</u> | <u>Name</u> | <u>Complete Address</u>               |
| <u>MARLA GREAVERS</u>    |             | <u>2934 THAMES MERIDIAN, ID 83642</u> |
|                          |             | <u>3145 N. VALAM "</u>                |

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

PRACTICAL MAGIC  
1412 E 1ST  
MERIDIAN, ID 83642

5. Name and address for this acknowledgment copy is (if other than # 4 above):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

02/11/2000 09:00  
CK: 5 CT: 126688 BH: 289547

1 @ 20.00 = 20.00 ASSUM NAME # 2

D32991

Signature: Marla Greaves

Printed Name: MARLA GREAVERS

Capacity: PARTNER

(see instruction # 8 on back of form)

Revision 1299

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