

## **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.

2005 JUN -6 FN 2:39

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Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the undersit business is:  Stevies	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Stephanie R. Johnson /	Complete Address  Thain Rd  Lowiston, TR 83501
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Stephane R. Johnson  Hall Ripon Fig.  Stephane R. Soll  5. Name and address for this acknowledgment copy is (if other than # 4 above):	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):
Signature: Je plance Conference Schroom  Printed Name: Je phance R. Schroom  Capacity/Title:	Secretary of State use only  IDAHO SECRETARY OF STATE

CK: 6201 CT: 158010 BH: 814565 1 8 25.00 = 25.00 ASSUM NAME # 2

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