CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersided F



		ption of an Assumed			
busines	ss is:			e(s) in the transaction of	
	The second second second second	Creations	- 4.50		
2. The tru busines	. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:				
Sc	ott A.	Maciolek s	2092 B	nplete Address S St. Poise, Id. 83	,7
3. The general type of business transacted under the assumed business name is: (mark only those that apply)					
☐ w	etail Trade holesale Trade ervices	Construction	Fina		
4. The name and address to which future correspondence should be addressed:					
Sa	A. Ac	Maciolek (5	SBG)	Submit Certificate of Assumed Business	
<u> </u>	ay les:	St	•	Name and \$20.00 fee to:	
<u>DC</u>	ise, Id	83705		Secretary of State 700 West Jefferson	
	and address for	r this acknowledgmen ve):	t ·	Basement West PO Box 83720	
	e. Laces since it 1 400			Boise ID 83720-0080 208 334-2301	
				Secretary of State use only	

Signature: Scatt Grandial Printed Name: Scott A Maciolek Capacity: Presiden

(see instruction # 8 on back of form)

02/22/1999 09:00 CK: 1986 CT: 111369 BH: 189839

1 @ 20.00 = 20.00 ASSUM MANE # 2

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