

Capacity/Title:

owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILEU EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name JAN 11 AM 9: 16

Please type or print legibly.

NOTE: See instructions on reverse before filing. SECRETARY OF STATE

STATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: Tiers of Joy Cakery 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Julia C. Miller 9715 W. Landmark Ct., Boise, ID 83704 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Services Agriculture Submit Certificate of Manufacturing Assumed Business Mining Name and \$25.00 fee to: Finance, Insurance, and Real Estate idaho Secretary of State 4. The name and address to which future 450 N 4th Street correspondence should be addressed: PO Box 83720 Boise ID 83720-0080 Julia C. Miller 9715 W. Landmark Ct. (208) 334-2301 Boise, ID 83704 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only Signature: <u>Auli</u> CMill IDANO SECRETARY OF STATE Julia C. Miller Printed Namě:

01/11/2010 05:00 CK: 1335 CT: 158018 BH: 1202743

PID HELD

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