CERTIFICATE OF ASSUMED BUSINESS NAME

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

THE STATE OF IDAHO

2002 AUG 25 AM ID: OF To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504. Idaho Code, the undersigned 25

	gives notice of adoption of an As	sumed busii	less marile.
1.	The assumed business name which the undersigned use(s) in the transaction of E business is:		
	Annette's Place		
2.	The true name(s) and business address(es) of the entity or individual(s) doing usiness under the assumed business name is/are: Name Complete Address		
	<u>Name</u>	Cui	ripiete Address
	Annette Rypien 1	1003 Spokane Street, #A	
		Post Falls, ID 83854	
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	□ Retail Trade □ Manufacturing □ Wholesale Trade □ Agriculture ☒ Services □ Construction	Fina	nsportation and Public Utilities ance, Insurance, and Real Estate iing
4.	The name and address to which future Phone number (optional):correspondence should be addressed:		
	Annette's Place		Submit Certificate of
	1003 Spokane Street, #A		Assumed Business
	Post Falls, Id 83854		Name and \$20.00 fee to:
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	t	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
			Secretary of State use only
gnati	ire: Ant Rypin	Revision 12/99	

Sig Printed Name: Annette Rypien

Capacity: Owner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE 28/27/2002 25:20 CK: 8121 CT: 158819 BH: 484867 1 2 20.00 = 20.00 ASSUM NAME # 2

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