

Signature: Natask

Printed Name:

Capacity/Title:

NATASHIA LYNN HAHN

OWNER/ OPERATOR

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 2002 SEP 17 PH 2: 07

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

1. The assumed business name which the undersigned use(s) in the transaction of business is: JEWEL'S OF THE NILE 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 **NATASHIA HAHN** 1966 W. PORTNEUF RD. INKOM, ID. 83245 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining **Assumed Business** Name and \$20.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State 700 West Jefferson correspondence should be addressed: **Basement West NATASHIA HAHN** PO Box 83720 Boise ID 83720-0080 1966 W. PORTNEUF RD. 208 334-2301 INKOM, ID, 83245 5. Name and address for this acknowledgment Phone number (optional): CODY IS (if other than # 4 above): Secretary of State use only

IDAHO SECRETARY OF STATE 09/17/2002 05:00 CK: 2717 CT: 158818 BH: 488661 1 2 20.00 =