

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2012 HOY -2 PK 1:54 SECRETARY OF STATE STATE OF IDAHO

## Please type or print legibly.

1.	The assumed business name which the ur business is:	ndersigned	d use(s) in the transaction of	
	Roma Designs			
2.	The true name(s) and <u>business</u> address(es) of the entity or individual usiness under the assumed business name:  Name  Complete Address Roma Designer Jewelry LLC  (4)118681		Complete Address	
3.	The general type of business transacted up Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	n and Pub		
4.	The name and address to which future correspondence should be addressed:  Rob Haddock  2873 W. Wind Dr.,  Eagle, ID 83616		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	nt		
Signa	iture: Fil Hadi		Secretary of State use only	<del></del> '
Printe	ed Name: Rob Haddock			
Capa	city/Title: Member			
Signa	iture: Foli Flack		IDAHO SECRETARY OF STATE	
Printed Name: <u>Rob</u>			11/62/2012 05:00 CK: 2873 CT: 275889 BH: 1346263	
Canacity/Title:			1 @ 25.00 = 25.00 ASSUM NAME # 4	

D159056

Capacity/Title: