

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED/EFFECTIVE

11 APR -5 AM 8: 55 Please type or print legibly. NOTE: See instructions on reverse before filing.

DEB'S CUS	TOM GEL	CANDLES	j
2. The true name(s) and <u>busine</u> business under the assumed <u>Name</u>		ame:	Complete Address
DEBORAH L. HALL			Davis Ville Rd
	-	Soda	Springs, ID 83276
3. The general type of business	transacted	under the	e assumed business name is:
Retail Trade			ublic Utilities
Wholesale Trade	Constructi		
Services	Agriculture	• •	Submit Certificate of
☑ Manufacturing ☐	Mining		Assumed Business
Finance, Insurance, ar	nd Real Est	ate	Name and \$20.00 fee to:
 The name and address to wl correspondence should be a 	ddressed:		Secretary of State 700 West Jefferson Basement West
Deborah L. Hall/DEB'	S CUSTOM	GEL CAN	
1698 Davis Ville Rd			Boise ID 83720-0080 203 334-2301
Soda Springs, ID 832	276		230 334 2301
5. Name and address for this copy is (if other than # 4 above):	acknowled	gment	Phone number (optional):
		_	Secretary of State use only IDANO SECRETARY OF STATE
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gnature: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	79x	1 forms	1 0 20.00 = 20.00 ASSUM NAME # 2
nted Name: Deborah L. H	all	forms\abo forms\	
apacity: OWNER		corp\foi	
(see instruction #8 on back of for		— '	1) 44204