

FILED EFFECTIVE



# CERTIFICATE OF ASSUMED BUSINESS NAME

2011 OCT 18 PM 3:10

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

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Spoonbuckets Creations

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

June Macaré

537 N. Maybelle Pl.

Star, Idaho 83669

3. The general type of business transacted under the assumed business name is:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

4. The name and address to which future correspondence should be addressed:

537 N. Maybelle Pl.  
Star, Idaho 83669

5. Name and address for this acknowledgment copy is (if other than # 4 above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: June Macaré

Printed Name: June Macaré

Capacity/Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

Secretary of State use only

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IDAHO SECRETARY OF STATE  
10/18/2011 05:00  
CK: 811278 CT: 172899 BH: 1294715  
1 @ 25.00 = 25.00 ASSUM NAME # 2

abn.pmd Rev. 07/2010