CERTIFICATE OF	FILED EFFEC
ASSUMED BUSINESS N Pursuant to Section 53-504, Idaho Code, the ur submits for filing a certificate of Assumed Busin	ndersigned ZUI4 JAN 24 AM 9: (
Please type or print legibly. Instructions are included on back of applica	STORES AND AND
1. The assumed business name which the unders business is: Dream Lizard Creations	signed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:	
Name Catherine A. Cooley 363	Complete Address 3 Cross Mountain Road, Sandpoint, ID 83864
 Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Dream Lizard Creations 	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
363 Cross Mountain Road Sandpoint, ID 83864	208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State use only
gnature: Calberine a. Cooley	Secretary of State use only
indiance. And the for the content	
nted Name: Catherine A. Cooley	
nted Name: Catherine A. Cooley	
nted Name: <u>Catherine A. Cooley</u> pacity/Title: <u>Sole Proprietor</u> pature:	талия есеретару ве етат
Inted Name: Catherine A. Cooley Inpacity/Title: Sole Proprietor Inted Name: Inted Name: Inted Name:	IDANO SECRETARY OF STAT 01/24/2014 05: CK: 2347 CT: 292126 BH: 14 1 9 25.00 = 25.00 ASSUM N