

FILED/EFFECTIVE

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



To the SECRETARY OF STATE, STATE OF IDAHO  
Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name.

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

White Wing Creations

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Lola L Moon

Name

Complete Address

P.O. Box 153 Carmen Ida. 83462

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

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

White Wing Creations

P.O. Box 153

Carmen Ida. 83462

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

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

IDAHO SECRETARY OF STATE

12/02/2002 05:00  
CK: 91133290012 CT: 150018 BH: 648018  
15:00:00 of State of IDAHO ASSUM NAME # 2

Signature: Lola L. Moon President.

Revision 2/97

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