

CERTIFICATE OF ASSUMED BUSINESS NAME JUN -6 AM 10: 15

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

TO Y OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Camplete Address 376 Taylor St. Twin Falls, ID 83301 3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Camle Lee Elison 376 Taylor St. 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 5. Name and address for this acknowledgment copy is (if other than #4 above): Secretary of State use only		Camie's Creations		
Twin Falls, ID 83301 376 Taylor St. Twin Falls, ID 83301 376 Taylor St. Twin Falls, ID 83301 376 Taylor St. Transportation and Public Utilities Wholesale Trade	, , , , , , , , , , , , , , , , , , , ,		ıal(s) doing	
Twin Falls, ID 83301 3. The general type of business transacted under the assumed business name is: Retail Trade		Complete Ad	Complete Address	
Retail Trade	Camie Lee Elison		376 Taylor St.	
Retail Trade		Twin Falls, ID 83301		
Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Camie Lee Elison 376 Taylor St. Twin Falls, ID 83301 5. Name and address for this acknowledgment copy is (if other than # 4 above): Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only Secretary of State use only Secretary of State use only	Retail Trade Tran	sportation and Public Utilities	ess name is:	
correspondence should be addressed: Camie Lee Elison 376 Taylor St. Twin Falls, ID 83301 5. Name and address for this acknowledgment copy is (if other than # 4 above): Secretary of State use only Secretary of State use only Secretary of State use only Table Camie Lee Elison Dacity/Title: Owner Table Camie Lee Elison Dacity/Title: Owner	Manufacturing Mini	ng Submit Cert Assumed Bu	usiness	
376 Taylor St. Twin Falls, ID 83301 5. Name and address for this acknowledgment copy is (if other than # 4 above): Secretary of State use only or state use or state use on	correspondence should be address	ssed: 450 North 4t PO Box 837	450 North 4th Street PO Box 83720	
Twin Falls, ID 83301 Name and address for this acknowledgment copy is (if other than # 4 above): Secretary of State use only activ/Title: Owner Dacity/Title: Date	376 Taylor St.			
Secretary of State use only nature: Camie Lee Elison Dacity/Title: Date Secretary of State use only IDAHO SECRETARY OF STATE 106/07/2011 05:0	Twin Falls, ID 83301			
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ted Name: CK: 3218 CT: 158818 BH: 1277		<u> </u>	06/07/2011 05:00 CK: 3218 CT: 158818 BH: 12771	
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