CERTIFICATE OF ASSUMED BUSINESS NAME
(Please type or print legibly. See instructions or process)/EFFECTIVE

To the SECRETARY OF STATE, STATE OF IDAHO

 The assumed business name which the undersigned use(s) in the transaction of the business is: Designs By Erin The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address The general type of business transacted under the assumed business name is: 	——————————————————————————————————————
business under the assumed business name is/are: Name Complete Address Complete Address Fair Mont Dr Fdaho Falls I D 8340	<u>-</u>
business under the assumed business name is/are: Name Complete Address Complete Address Fair Mont Dr Fdaho Falls I D 8340	<u> </u>
Erin C Nelson 1515 Fairmont Dr Fdaho Falls ID 8340	<u> </u>
Idaho Falls ID 8340	4
The general type of business transacted under the assumed business name is:	
(mark only those that apply)	
Retail Trade	
4. The name and address to which future correspondence should be addressed: Phone number (optional): 208-526	<u>z</u>
Submit Certificate of Assumed Business Name and \$20.00 fee to:	:
Idaho FallS, IN 83404 Secretary of State 700 West Jefferson	
5. Name and address for this acknowledgment copy is (if other than # 4 above): Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
Secretary of State use only	
Signatura: EMM CMODOO	
Signature:	= 90 414487
Printed Name: CTIVICINE 35 Capacity: Owner (see instruction # 8 on back of form) (see instruction # 8 on back of form)	mar # 5