



CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

12/21/2012 4110:03
 SECRETARY OF STATE
 IDAHO

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

THE WOODEN INDIAN SMOKE SHOP

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

<u>Name</u>	<u>Complete Address</u>
DIANE GALSTON	2650 E 400 N SAINT ANTHONY ID 83445

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	

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

DIANE GALSTON
 7 N BRIDGE ST
 SAINT ANTHONY ID 83445

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

Signature: Diane Galston

Printed Name: DIANE GALSTON

Capacity/Title: OWNER

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
 05/21/2012 05:00
 CK: NO CK # CT: 278585 BH: 1324986
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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