

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



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

SECRETARY OF STATE
STATE OF IDAHO

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

Magic Handz

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

Nichi Haak

Complete Address

233 W State St, Eagle ID 83616

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Nichi Haak

233 W. State St

Eagle ID 83616

Phone number (optional): 939-1594

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

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

Signature: Nichi Haak

Printed Name: Nichi Haak

Capacity: Owner

(see instruction # 8 on back of form)

Secretary of State use only
IDAHO SECRETARY OF STATE

02/10/1998 09:00
CX: 1858 CT: 94832 RH: 88834

1 @ 20.00 = 20.00 ASSUM NAME

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Revision 2/87

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