Printed Name: __

Capacity:

Joanne Hepworth

(see instruction #8 on back of form)

Owner

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 undersiding gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction business is: Cottage Crafts 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name Joanne Hepworth 2762 Chaparral Cr., Twin Falls, ID 83301 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 Phone number (optional): ___ correspondence should be addressed: Joanne Hepworth Submit Certificate of Assumed Business 2762 Chaparral Circle Name and \$20.00 fee to: Twin Falls, ID 83301 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above) : PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE **05/12/1999 89:00** CK: 4885 CT: 115416 BH: 216185 Signature: /

28.88 = 20.80 ASSUM NAME # 2

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