CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

<u> </u>	Pursuant to Section 53-504, Idaho Code, the undersigned, 14 AM 9: 18 gives notice of adoption of an Assumed Business Name.
1.	The assumed business name which the undersigned use(s) in the transaction of
	ousiness is: STATE OF IDAHO
	Cozy Cabin Candles
2.	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 Complete
	Staci Truscott 111 Sunny Rd. St. Martis &D
3.	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 Phone number (optional):
	Stari Truscutt Submit Certificate of
	Assumed Business
	St Marias TN 838/01
	Secretary of State 700 West Jefferson

5. Name and address for this acknowledgment CODY IS (if other than # 4 above).

Secretary of State use only

Basement West PO Box 83720

208 334-2301

Boise ID 83720-0080

Signature: Mtan Printed Name: State Truscott Capacity: DWN eV

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE 06/25/2002 05:00 CK: 4858 CT+ 158018 BH: 473681 20.00 ASSUN NAME # 2

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