## CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE ( Pursuant to Section 53-504, Idaho ( adoption of an Assumed Business Name.	OF IDAHO  98 NOV 27 AM 9: 96  Code, the undersigned gives notice 6  STATE OF IDAHO  PLED  STATE
<ol> <li>The assumed business name which the business is:</li> </ol>	undersigned use(s) in the transaction of
BASKETS & BASKETS	
The true name(s) and business address business under the assumed business r	ianie is/are:
ANNAMAY SICKLES	1702 16th ST. LEWISTON, ID
3. The general type of business transacted under the assumed business name is:  RETAIL SALES BASKETS + ACCESSORIES  See categories on the reverse	
4. The name and address to which correspondence should be addressed:  ANNA MAY SICKLES  1702 16 STREET LEWISTON, ID 83501	
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Signed anna may Sickles	
By _	
Capacity	· ·
Submit Certificate of Assumed Business Name and \$20.00 fee to:	Customer #
Secretary of State	Secretation SECRETARY OF, STATE
700 West Jefferson PO Box 83720	11/27/1998 69=66 CK: 1193 CT: 107358 BH: 165317
Boise ID 83720-0080	1 e 20.06 = 20.00 ASSUN MANE # 2
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