	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.				
1.	The assumed business name which the undersigned use(s) in the transaction of business is: 5uzy's Stiches			
2.	on the contract of the contrac			
		318 Frem	ont Dr. Twin Falls,	
3.	The general type of business transacted ur (mark only those that apply)	nder the assu	med business name is:	
	 ✓ Retail Trade ✓ Wholesale Trade ✓ Services ✓ Construction 	Fin	ansportation and Public Utilities ance, Insurance, and Real Estate ning	
4.	4. The name and address to which future Phone number (optional): (シルタ) 734-5226 correspondence should be addressed:			
	Connie S. Lyons 1318 Frement Dr.		Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5.	Name and address for this acknowledgmer copy is (if other than # 4 above): Same as above	nt	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
		1/98	Secretary of State use only IDAHO SECRETARY OF STATE	
Signati	ure: Gonnie S. Lyons	Revision 1/98	01/04/1999 09:00 CK: 5181 CT: 189818 BH: 175283 1 8 28.88 = 28.88 ASSUM NAME \$ 2 '	
Capac	(see instruction # 8 on back of form)	g'corptoms\abn.p65	D 21632	