

Signature: ____ Lauit

Capacity/Title: Οωνεκ

Printed Name: CAROLYN JOAN

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

2003 SEP 22 PH 2: 13

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is: CJ's CREATIONS 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name 1 CAROLYN JEAN Smith 3395 N. Five Mile Rd #173 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of Assumed Business Mining Manufacturing Name and **\$20.00** fee to: Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed: **Basement West** CARULYN JEAN Smith PO Box 83720 Boise ID 83720-0080 N. Five Mile Rd 4173 208 334-2301 TA 83713 Phone number (optional): 5. Name and address for this acknowledgment CODV IS (if other than # 4 above): 376-6447 Secretary of State use only

IDAHO SECRETARY OF STATE 09/30/2003 05:00 CK: 2077 CT: 158010 BH: 784217

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