Signature:

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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. 2005 NOV 23 AM 8 47

The assumed business name which the unders	SECRETARY OF SECRETARY OF IO
The assumed business name which the unders business is:	signed dise(s) in the transaction of the original
Scentsible Candle Company	
The true name(s) and business address(es) of business under the assumed business name:	the entity or individual(s) doing
Name	Complete Address
Lisa Jones	3198 N 3477 E, Kimberly, ID 83341
The general type of business transacted under	the assumed business name is:
Retail Trade Transportation and	d Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Secretary of State
соrrespondence should be addressed:	700 West Jefferson
Lisa Jones	Basement West
	PO Box 83720
3198 N 3477 E Kimberly, ID 83341	Boise ID 83720-0080 208 334-2301
	Dhama
 Name and address for this acknowledgment copy is (if other than # 4 above); 	Phone number (optional):
COPY TO (it office trial) # 4 above).	(208)423-6088
	Secretary of State use only
ature:	m
(signature required)	94 20X
ed Name: Lisa Jones	Revised 04/2033
city/Title: Owner	
	IDAHO SECRETARY OF STA

IDAHO SECRETARY OF STATE

11/23/2005 05:00

CK: 1502 CT: 158010 RH: 923541

1 8 25.00 = 25.00 ASSUM NAME # 2

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