

## **CERTIFICATE OF** ASSUMED BUSINESS NAME IN 16 AM 8:51

Pursuant to Section 53-504, Idaho Code, the undersignal submits for filing a certificate of Assumed Business Name.

SATE OF IDAHO

H	NOTE: See instructions on reverse bef	ore filing	<b>L</b>	
1. L. 2.	The assumed business name which the undersigned use(s) in the transaction of besiness as:  Bestvary's Giffs and Treats  The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:  Name  Complete Address  Elizabeth Wade 220 Marsne Ln., Kimberly 70 833			
4.	The general type of business transacted un  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:  Elizabeth Wase 220 Maxing In. Kimberly ID 8334/  Name and address for this acknowledgment copy is (if other than # 4 above):	and Pu	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):	
			208-308-9487  Secretary of State use only	
		abn.p65	<u>-</u>	

Signature: Elizabeth Wade

Printed Name: Elizabeth Wade Capacity: burner

(see instruction #8 on back of form)

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IDAHO SECRETARY OF STATE

07/30/2003 05:00

CK: 88744324780 CT: 158818 BH: 693714

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