

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

07 MAY -4 PM 3: 15

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE

STATE. OF IDAHO		
1. The assumed business name which the unde	rsigned u	se(s) in the transaction of
business is: Bella Angel Scents		
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name Name With Brooker 3	:	ty or individual(s) doing Complete Address Mer Vol Emmed 10 83417
3. The general type of business transacted under	er the ass	sumed business name is:
Retail Trade	nd Public	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above): Kin104/JU PAOCKAT	t	Phone number (optional): 26-353-5180
3488 tuller la		Secretary of State use only
Signature: My Matthews Resolved & Rock of the Signature required)	g/corp/torms/abn forms/abn.p65 Revised 04/2003	OIIICO
Printed Name: Name	rp\forms\ Revise	05/07/2007 05:00 CK: 1395 CT: 158010 BH: 1051858
Capacity/Title: OWO Capacity/Title:	00/:6	1 @ 25.00 = 25.00 ASSUM NAME # 2