

## 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.

2007 JAN 11 AM 8: 53

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

DE-LOU Creations	
The true name(s) and business address business under the assumed business n     Name     Deborah Lou Simpson	(es) of the entity or individual(s) doing name:  Complete Address  22-meadow Road/P.O.Box1056Challis, Id.83226
	ion and Public Utilities
<ul> <li>Wholesale Trade ☐ Construction</li> <li>☐ Services ☐ Agriculture</li> <li>☐ Manufacturing ☐ Mining</li> <li>☐ Finance, Insurance, and Real Estanta</li> </ul>	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:     Deborah Lou Simpson	Secretary of State 700 West Jefferson Basement West PO Box 83720
P.O.Box 1056 Chailis, Idaho 83226	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment Phone number (optional):  2088792571
	Secretary of State use only
rinted Name: Deborah Lou Simpson Capacity/Title: Owner	- \$8

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