

Printed Name: Belinde

Capacity/Title: owner

(see instruction # 8 on back of form)

CERTIFICATE OF	
ASSUMED BUSINESS NA Pursuant to Section 53-504, Idaho Code, the und submits for filing a certificate of Assumed Busines  Please type or print legibly.  NOTE: See instructions on reverse before filing	AME F// .
Pursuant to Section 53-504, Idaho Code, the unc	ders He
submits for filing a certificate of Assumed Busines	ss Name. 23
NOTE: See instructions on reverse to	SCHELADY " 8:52 CTIVE
Please type or print legibly.  NOTE: See instructions on reverse before filing.  1. The assumed business name which the undersion.	AME  dersigned 7 23  AM 8: 52  ng. TATE OF IDAHO  AME  FILED EFFECTIVE
<ol> <li>The assumed business name which the undersig business is:</li> </ol>	DAHO'E
	ried use(s) in the transaction of
Ireasures In Textile	
<ol><li>The true name(s) and business address(es) of the business under the assumed business name:</li></ol>	e entity or individual(s) doing
Name	
	Complete Address
Belinda Morgan 4966	CREE WAY POISE IN 839
3. The general type of business transacted under the	assumed business
N 21 —	
indusportation and P	ublic Utilities
<ul> <li>☐ Wholesale Trade</li> <li>☐ Construction</li> <li>☐ Agriculture</li> </ul>	
The state of the s	Submit Certificate of
1 1	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
<ol> <li>The name and address to which future correspondence should be addressed:</li> </ol>	Secretary of State
	700 West Jefferson
Belinda Morgan	Basement West PO Box 83720
4966 Cree Chay	Boise ID 83720-0080
BOISE, ID 83709	208 334-2301
5. Name and address for this acknowledgment	
and address for this acknowledgment	Phone number (optional):
CODY IS (if other than # 4 abrus)	
COPY is (if other than # 4 above):	
Copy is (if other than # 4 above):	859-6171
copy is (if other than # 4 above):	
copy is (if other than #4 above):	859-6171

IDAHO SECRETARY OF STATE 05/23/2003 05:00 CK: 552 CT: 158010 BH: 682313 1 0 25.00 = 25.00 ASSUM NAME # 2

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