

## CERTIFICATE OF ASSUMED BUSINESS NAME

The second secon

Pursuant to Section 53-504, Idaho Code, the undersigned JUN  $-5\,$  PM 12: 50 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAMO

The assumed business name which the ur business is:  Sassy Accessories	ndersigned use(s) in the transaction of
2. The true name(s) and business address(e) business under the assumed business name  Name  Relecca Cameron  ———————————————————————————————————	s) of the entity or individual(s) doing me: Complete Address 3514 Country Club Dr. Lewiston Id. 83501
3. The general type of business transacted upon Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Resecta Cameron  3514 Country Club. Dr.  Lewiston Td. 83501	n and Public Utilities  Submit Certificate of Assumed Business
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Cell 208-305-8957 or home 208-743-8957  Secretary of State use only
Signature: Albecca Cameron  Printed Name: Rebecca Comeron  Capacity/Title: Owner, Crafts person  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  96/95/2006 05:00  CK: 3714 CT: 158810 BH: 958382 1 9 25.80 9511 MANT # P