



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.

2005 JUN 20 AM 9:36

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Perfect Day Event Planners

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>Suzanne Lyn Stote</u>	<u>803 Lanham St. Boise 83705</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and **\$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Suzanne Stote
803 Lanham St
Boise, ID 83705

Phone number (optional):

208-890-8131

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Suzanne Stote
(signature required)

Printed Name: Suzanne Stote

Capacity/Title: sole proprietor
(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\abn_form\staten.p65 Revised 04/2003

IDAHO SECRETARY OF STATE
01/20/2005 05:00
CK: 4666 CT: 150010 BH: 700296
1 @ 25.00 = 25.00 ASSUM NAME # 2

D83579