

Printed Name: Patricia

Canacity/Title: Sale manager

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. Instructions are included on back of appl	- · · · · · · · · · · · · · · · · · · ·
The assumed business name which the und business is:	•
- ART CREATI	ONS BY TRICIA
The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
PATRICIA KAY STOESSER	1944 N. Hillment Ave,
	Mendian 10 83646
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Patricia Kay Stoessar 1944 N. Millmont Ave, Mendian 10 83646	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 acknowledgment copy is (if other than #4 above):	IDAHO SECRETARY OF STATE 10/27/2014 05:00 CK:763664 CT:158010 BH:14468 16 25.00 = 25.00 ASSUM NAME

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