



CERTIFICATE OF ASSUMED BUSINESS NAME EFFECTIVE

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

2002 APR 16 PM 12:17

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

SECRETARY OF STATE
STATE OF IDAHO

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

THE ECLECTIC GALLERY

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

Name	Complete Address
<u>PAULA F. LOBIANCO</u>	<u>8 BAILEY CIRCLE, GARDEN VALLEY, ID 83622</u>
<u>ROBERT J. LOBIANCO</u>	<u>8 BAILEY CIRCLE, GARDEN VALLEY, ID 83622</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

THE ECLECTIC GALLERY
14 CASTLE LANE
GARDEN VALLEY, ID 83622

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

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

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

Signature: Paula F. Lobianco

Printed Name: PAULA F. LOBIANCO

Capacity: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

054019

IDAHO SECRETARY OF STATE
04/16/2002 05:00
CK: 1644 CT: 158818 BH: 459653
1 @ 20.00 = 20.00 ASSUM NAME # 2

Revision 1/98

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