

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

06 JUL -7 AM 10: 29

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Redesign Consignment Home Furnishings

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>- W51787</u>	<u>50 W. State Street</u>
<u>Painted Horse, a</u>	<u>Eagle, Id.</u>
<u>limited liability Co.</u>	<u>83616</u>

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input 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:

Christine R. Scitz
4900 No. Meander Place
Eagle, Id 83616

Phone number (optional):

208-407-5373

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

Signature: *Christine Scitz*
(signature required)

Printed Name: CHRISTINE SCITZ

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

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
07/07/2006 05:00
CK: 1885 CT: 69861 BH: 963799
1 @ 25.00 = 25.00 ASSUM NAME # 2

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