



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.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE
06 MAY 26 PM 1:51

SECRETARY OF STATE
STATE OF IDAHO

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

Rosie's Boutique.

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

<u>Name</u>	<u>Complete Address</u>
<u>Rose M. Becerra</u>	<u>524 Lake Lowell Ave.</u>
<u></u>	<u>Apt C.</u>
<u></u>	<u>Nampa, ID 83686.</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 | |

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

Rose Becerra
524 Lake Lowell Ave Apt. C.
Nampa, ID 83686.

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

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

Phone number (optional):

208-442-1977
208-412-9412

Secretary of State use only

Signature

(signature required)

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

g:\corp\forms\abn form\abn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
05/26/2006 05:00
CK: CASH CT: 150010 BH: 956997
1 @ 25.00 = 25.00 ASSUM NAME # 2

100295