227	•
CERTIFICATE OF	
ASSUMED BUSINESS NO	
	lersigned
Please type or print least t	ss Name. 2003 APR 10 AM R. Fr
NOTE: See instructions on reverse before filin	ng. 1
 The assumed business name which the undersig business is: 	The second se
	ned use(s) in the transaction of
- Black Bear Baskets	a 1
The true name(s) and business address(es) of the business under the assumed business name;	
business under the assumed business name: Name	
Kelly Margan	Complete Address
	3243 W. Ridge Dez 5
	OST FAILS, ID
3. The general type of husiness transmission	83854
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pu	ublic Utilities
Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Assumed Business 25
4. The name and address to which future	Name and \$20.00 fee to:
correspondence should be addressed:	Secretary of State 700 West Jefferson
Kelly Mongan	Basement West
3243 W Ridge Dr	PO Box 83720 Boise ID 83720-0080
Post FAILS, ID B3854	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY is (if other than #4 above):	208-117-1512
	0-00 111-1512
	Secretary of State use only
Signature:	
Printed Name: <u>Kelly Mongan</u> Capacity/Title: <u>Outman</u>	D64525
Signature:	
(see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE
	CK: 1065 CT: 156816 RH: 675535
	1 # 25.00 = 25.00 ASSUM NAME # 2