

CERTIFICATE OF ASSUMED BUSINESS NAME

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



To the SECRETARY OF STATE, STATE OF IDAHO

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

SECTION 53-504

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

Blue Heron Crafters 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>Janine Cutting</u>	<u>12013 W. Gunsake Boise ID 83713</u>
<u>12013</u>	
<u>Bobbie Reynolds</u>	<u>1320 E. Boise Ave, Boise, ID 83706</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): 385-9665

Blue Heron Crafters Gallery
548 Vista Ave
Boise, ID 83706

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

DATE 06/06/1997

0900 99685 2

CK #: cash CUST# 82550

ASSUM NAME 1@ 20.00= 20.00

: D 5254

Signature:

Janine Cutting / Bobbie Reynolds

Printed Name:

JANINE CUTTING / Bobbie Reynolds

Capacity:

Partner / partner

(see instruction # 8 on back of form)