

## **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.

(see instruction # 8 on back of form)

2005 DEC 19 AM 10: 16

SECRETARY OF STATE STATE OF IDAHO

) 94593

1. The assumed business name which the undersign	ned use(s) in the transaction of
business is:	
Janua LOVE T	Unlimited
2. The true name(s) and business address(es) of the	e entity or individual(s) doing
business under the assumed business name:	o onling of marriadar(o) doing
Name	Complete Address
LINDA ChurchMAN	192/1/1
FINDA CHURCHMAN	1086 N, 60
	ceur a Alexe
	ID 83814
3. The general type of business transacted under the	e assumed business name is:
<b>₩</b>	
Retail Trade Transportation and F	Public Utilities
Wholesale Trade Construction	
∑ Services ☐ Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
	Name and <b>\$25.00</b> fee to:
Finance, Insurance, and Real Estate	
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
	Basement West
a complete to the second	PO Box 83720 Boise ID 83720-0080
_5 win	208 334-2301
	200 004 2001
	Phone number (optional):
5. Name and address for this acknowledgment	
COPY IS (if other than # 4 above).	208-676-1213
1 - We	
ane above	Secretary of State use only
	,
gnature required) 888	
Signature required)	
inted Name: LINDA N Church が	- X/
	IDAHO SECRETARY OF STATE 12/19/2005 05:00
apacity/Title:	LK: 36/6 CT: 158010 BH: 927419
(see instruction # 8 on back of form)	1 8 25.00 = 25.00 ASSUM NAME #