

Capacity/Title:

Printed Narge:

Capacity/Title:

Signature: <u>(</u>

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

## FILED EFFECTIVE

11 FEB 16 PM 12: 30

submits for filing a certificate of Assumed Business Name. SECRET BY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

1. The assumed business name which the undersig business is: <u>SEWN</u> BY JoA	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  JOAN BABINSKI  JOHN BABINSKI  C	Complete Address
3. The general type of business transacted under the Retail Trade Transportation and I Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
gnature JOAN BABINSKI	Secretary of State use only

IDAHO SECRETARY OF STATE

@2/16/2011 @5:00

CK: 2719 CT: 158010 BH: 1268309
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abn.pmd Rev. 07/2010