



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

**FILED/EFFECTIVE**

MAY 12 2002 9:16 AM  
STATE OF IDAHO

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

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

Zuni Bear Blankets

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>Dawn Hardy</u> | <u>PO Box 2066 Sandpoint ID 83864</u> |
| _____             | _____                                 |
| _____             | _____                                 |

3. The general type of business transacted under the assumed business name is:

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" 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:

Dawn Hardy  
PO Box 2066  
Sandpoint, ID 83864

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

Phone number (optional):

\_\_\_\_\_

Signature: \_\_\_\_\_

Dawn Hardy  
(signature required)

Printed Name: \_\_\_\_\_

Dawn Hardy

Capacity/Title: \_\_\_\_\_

owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\labn forms\labn.p65  
Revised 09/2002

IDAHO SECRETARY OF STATE  
11/13/2002 05:00  
CK: 2853 CT: 158018 BH: 645568  
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 59823