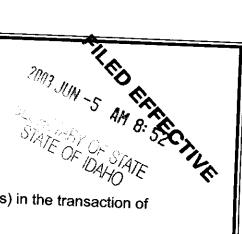


## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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.



Cat's	Paw Studio
The true name(s) and business address(e business under the assumed business name     Name     Sharon Drake Gould	es) of the entity or individual(s) doing me: Complete Address P.O. Box 474, Hope, ID 83836
3. The general type of business transacted ur  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Sharon D. Gould P.O. Box 474  Hope, ID 83836	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgmer copy is (if other than #4 above):</li> </ol>	nt Phone number (optional):
	Secretary of State use only
Printed Name: Sharon D. Gould Capacity/Title: owner  (see instruction # 8 on back of form)	Sod real forms and real forms are forms and real forms and real forms and real forms and real fo

1 8 25.88 = 25.80 ASSUM NAME # 2

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