

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned MAR 15 AM 8: 29 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. State IARY III NOTE: See instructions on reverse before filing. STATE OF IDAHO

I Remember Whensas	
2. The true name(s) and business address(es) of the ebusiness under the assumed business name:  Name  Christina Lynn Gentile 614	entity or individual(s) doing  Complete Address  E. Settlement Ct. Boise, ID 83716
The general type of business transacted under the a    Retail Trade	
The name and address to which future correspondence should be addressed:  Christina Lynn Gentile  6145 E. Settlement Ct.  Boise, ID 83716	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-363-0218
	Secretary of State use only

Independent Consultant

(see instruction # 8 on back of form)

Capacity/Title:

IBANO SECRETARY OF STATE
03/15/2005 05:00
CX: 93 CT: 150010 BH: 798581
0 25.00 = 25.00 ASSUM NAME 0 2

