

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2006 AUG -3 PM 3: 52

SECRETARY OF STATE
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:

A Taste of Art

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Sonja K Wilson

Complete Address

1101 Flint Dr. Caldwell, ID 83607

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

- ☒ Retail Trade
☐ Wholesale Trade
☐ Services
☐ Manufacturing
☐ Finance, Insurance, and Real Estate

- ☐ Transportation and Public Utilities
☐ Construction
☐ Agriculture
☐ Mining

4. The name and address to which future correspondence should be addressed:

Sonja Wilson

1101 Flint Dr.

Caldwell, ID 83607

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

5. Name and address for this acknowledgment copy is (# other than # 4 above):

Phone number (optional):

208-454-5151

Signature

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

Secretary of State use only

D162401

IDAHO SECRETARY OF STATE
08/04/2006 05:00
CK: 877113 CT: 172099 BH: 968356
1 @ 25.00 = 25.00 ASSUM NAME # 2