

Capacity/Title: OWNLY

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

JE B 22 AT 9: 35

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECTION OF STATE

D84712

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The true name(s) and <u>business</u> address(es) of the end business under the assumed business name:	entity or individual(s) doing Complete Address
Sloria Marina Jenks 600 Be	
The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Purill Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	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 (if other than # 4 above):	Phone number (optional): CELL 866-0043
nature: Alivia M. Jenks ted Name: 6 loria M. Jenks	Secretary of State use only IDAHO SECRETARY OF STATE Ø2/22/2005 Ø5:0 CK: 1363 CT: 158810 BH: 7941 1 © 25.00 = 25.00 ASSUM NAME