



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

**FILED**

OCT 15 AM 10:54

STATE OF IDAHO

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

LISA MARIE CRAFTS

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

LISA ANDERSON

Complete Address

7955 WESTVIEW DR. CDA ID 83815

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input checked="" type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

7955 WESTVIEW DR.  
CDA, ID 83815

Phone number (optional): 208-772-0195

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

Signature:

Lisa Anderson

Printed Name:

LISA ANDERSON

Capacity:

PRESIDENT / CEO

(see instruction # 8 on back of form)

Secretary of State use only  
IDAHO SECRETARY OF STATE

10/15/1999 09:00  
CK: 1025 CT: 121793 BH: 258378

1 @ 20.00 = 20.00 ASSUM NAME # 2

D30030

Revision 1998

g:\corpforms\abn.p65