

(see instruction # 8 on back of form)

## **CERTIFICATE OF** FILED EFFECTIVE ASSUMED BUSINESS NAME PER 22 Pursuant to Section 53-504, Idaho Code, the undersigned 22 AC 9. 13

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

<u>Keminiscent Sweets</u>	
2. The true name(s) and business address business under the assumed business representations of the second	S(es) of the entity or individual(s) doing name:  Complete Address  (318 E Lembi Ct:  Nampal, ID 83487
3. The general type of business transacted  Retail Trade Transporta  Wholesale Trade Construction  Services Agriculture	ition and Public Utilities on
<ul><li>✓ Manufacturing</li><li>✓ Mining</li><li>✓ Finance, Insurance, and Real Esta</li></ul>	Assumed Business
4. The name and address to which future correspondence should be addressed:  UBIS E Limbi Ct  Vanya ID 83487	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 acknowledg copy is (if other than # 4 above);</li> </ol>	Phone number (optional):
	Secretary of State use only
Signature: Tan Hiller (Signature required)	- IDAHO SECRETARY OF STATE 12/22/2004 05:00  CK: 1345 CT: 158018 BH: 782999 1 6 25.08 = 25.08 ASSUM NAME #
Printed Name: TaMi Hansen	IDAHO SECRETARY OF STATE