

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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The true name(s) and business address(es) of the ousiness under the assumed business name:  Name  Julie Nahlen  4	e entity or individual(s) doing  Complete Address 734 N. Wisteria Place, Boise, ID 83713	
The general type of business transacted under the  ✓ Retail Trade		
The name and address to which future correspondence should be addressed:  4734 Wisteria Place  Boise, ID 83713-9575	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
	Dhana annah an ( )	
Name and address for this acknowledgment copy is (if other than # 4 above):  4734 Wisteria Place	Phone number (optional): (208) 378-8022	

Signature: (signature required) Printed Name: Julie Nahlen Sole Proprietor Capacity/Title:

(see instruction # 8 on back of form)

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