



# 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.

FILED EFFECTIVE

2004 MAR 19 AM 9:05

SECRETARY OF STATE  
STATE OF IDAHO

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

Front Porch Primitives & Creations

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

Name	Complete Address
<u>Robert F. Powers</u>	<u>1732 8<sup>th</sup> Ave E. Twin Falls, ID</u>
<u>Barbara J. Powers</u>	<u>Same as above 83301</u>

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

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

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

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

Front Porch Primitives & Creations  
1132 Locust St  
Twin Falls ID. 83301

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

Phone number (optional):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Barbara J. Powers  
(signature required)

Printed Name:

Barbara J. Powers

Capacity/Title:

Sole Proprietor

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\staten\_forms\stabin p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
03/19/2004 05:00  
CK: 4461 CT: 150010 BH: 734186  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D74433