



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

05 NOV 15 PM 3:45

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Divine Treasures

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

Natalie Frame

1879 N. Cool Springs Ave., Kuna, ID 83634

Becky Abbott

12615 Flower Ln., Middleton, ID 83644

Megan Chandler

646 Sunflowr Road, Rexburg, ID 83440

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 | |

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

Natalie Frame

1879 N. Cool Springs Ave.

Kuna, ID 83634

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):

(208) 922-3532

Secretary of State use only

Signature:

Natalie Frame

(signature required)

Printed Name:

Natalie Frame

Capacity/Title:

Partner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
11/15/2005 05:00
CK: CASH CT: 158818 BH: 922290
1 @ 25.00 = 25.00 ASSUM NAME # 2

D93658