



CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 SEP -9 PM 12: 01

Please type or print legibly.

SECRETARY OF STATE
STATE OF IDAHO

NOTE: See instructions on reverse before filing.

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

Stitching Room

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>Kimberly Ward</u>	<u>6822 Holiday Dr</u>
<u></u>	<u>Boise, ID 83709</u>
<u></u>	<u></u>

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" 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:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Stitching Room
6822 Holiday Dr
Boise, ID 83709

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

Signature: Kimberly Ward
(signature required)

Printed Name: Kimberly Ward

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
09/09/2008 05:00
CK: 151434 CT: 172099 BH: 1135072
1 @ 25.00 = 25.00 ASSUM NAME # 2

g:\corp\form\labn form\labn.pdf Revised 04/2003

D 124696