

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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.



	
 The assumed business name which the undersigned business is: 	use(s) in the transaction of
CREATIVELY YOURS	
The true name(s) and <u>business</u> address(es) of the element business under the assumed business name: Name	Complete Address AOTHER LOAD LOOP
3. The general type of business transacted under the a	ssumed business name is:
Retail Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
Signature: Monadad Printed Name: PEGINA L. MONAHAN	IDAHO SECRETARY OF STATE 12/30/2002 05:00 CK: 137 CT: 166884 BH: 653886 1 0 20.00 = 20.00 ASSUM NAME # 2

D61005