



# CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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

03 DEC -5 PM 2:25  
SECRETARY OF STATE  
STATE OF IDAHO

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

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

Lilly Milk Knitting

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

<u>Name</u>	<u>Complete Address</u>
<u>ROSEMARY SUNSHINE GRAY</u>	<u>1312 N 11th St</u>
	<u>BOISE, ID 83702</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 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:

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:

ROSEMARY SUNSHINE GRAY  
1312 N. 11th St  
BOISE, ID 83702

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

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

Phone number (optional):

\_\_\_\_\_

Signature: Rosemary S. Gray  
(signature required)

Printed Name: ROSEMARY SUNSHINE GRAY

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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Secretary of State use only

IDAHO SECRETARY OF STATE  
**12/05/2003 05:00**  
 CK: 985 CT: 158010 BH: 715211  
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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