

Capacity/Title: <u>&ciner</u>

(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.

FILED EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

<ol> <li>The assumed business name which the un- business is:</li> </ol>	dersigned use(s) in the transaction of
Sandy's upholstery	and Hobbies
<ol><li>The true name(s) and business address(es business under the assumed business nam</li></ol>	) of the entity or individual(s) doing ie:
Name	Complete Address
Sandra Juliussen	3601 Sherwood Dr
Leit Juliusson	Ocent d'Alene
	T. D. 83818
	12000
<ol><li>The general type of business transacted und</li></ol>	der the assumed business name is:
Retail Trade Transportation	and Public Utilities
☐ Wholesale Trade ☐ Construction	
Services	Submit Contillants of
Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Sandra Juliussen	PO Box 83720
3601 Sherwood Dr	Boise ID 83720-0080
a IIAI TOOGA	208 334-2301
5 Name and address for this calmount demand	t Phone number (optional):
<ol><li>Name and address for this acknowledgmen copy is (if other than # 4 above):</li></ol>	
	(208)667-3123
	de// (208) 659-9595
	Secretary of State use only
	9
	2003 2003
Signature: (eignificre faulred)	2003 2003
Printed Name: Santon Julius Serie	IDANO SECRETARY OF STATE

IDAHO SECRETARY OF STATE

92/93/2005 95:00

CK: 6363 CT: 156818 DN: 798922

1 8 25.00 = 25.00 ASSUN NAME # 2

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