## CERTIFICATE OF

FE OF EFFECTIVE

(see instruction # 8 on back of form)

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

Please type of print to the submits of the submits for filing a certificate of Assumed Business Name. STATE OF DAHO Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the under business is:  JUST JOY'S TH	•
The true name(s) and business address(es) of business under the assumed business name     Name     Vanessa "joy" Seidita	of the entity or individual(s) doing  Complete Address  235 Main Ave West  Twin Falls, Idaho  83301
3. The general type of business transacted und  Retail Trade ☐ Transportation ☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Vanessa "joy" Seidita PO Box 139  Filer, Idaho. 83328-0139	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 acknowledgme copy is (if other than # 4 above):	Secretary of State use only
Signature Care (signature printed Name: Vanessa "Joy" Seidita  Capacity/Title: Owner	Sed control to the secretary of state and control to the secretary of

IDAHO SECRETARY OF STATE

08/29/2003 05:00

CK: 156 CT: 150010 DH: 699036

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